## 2022 W-2 and EARNINGS SUMMARY

Wage and Tax Statement OMB No. 1545-0008 C for employee's records. Control number Corp. Employer use only 403822 TOM RTV5 B S 4451 c Employer's name, address, and ZIP code **FREDDIE MAC** 

Employee Reference Copy

8200 JONES BRANCH DR MS A73 MCLEAN, VA 22102

e/f Employee's name, address, and ZIP code ASHOK R BALINENI 3203 WEST SPINGS DRIVE **APT 207 ELLICOTT CITY, MD 21043** 

a Employee's SSA number XXX-XX-2860		
tax withheld		
170.12		
tax withheld		
114.00		
thheld		
2404.58		
E-GLAP		
10 Dependent care benefits  12a See instructions for box 12 C   113.99		
6678.12		
16642.92		
3rd party sick pa		
ps, etc.		
147231.23		
ips, etc.		
,		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-2860

ASHOK R BALINENI 3203 WEST SPINGS DRIVE **APT 207 ELLICOTT CITY, MD 21043** 

Fold and Detach Here



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1 Wages, tips, other comp.

5 Medicare wages and tips 165832.91

FREDDIE MAC

3 Social security wages

d Control number

403822 TOM

19 Local income tax

147231.23

147000.00

c Employer's name, address, and ZIP code

PAGE 1 OF 1

16170.12

9114.00

2404.58

Employer use only

B S 4451

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

RTV5

1 Wages, tips, other comp.		2 Federal income tax withheld		
147231.23		16170.12		
3 Social security wages 147000.00		4 Social security tax withheld 9114.00		
Medicare wages and tips		6 Medicare tax withheld		
165832.91		2404.58		
d Control number 403822 TOM	Dept.	Corp.	Employer use only B S 4451	

c Employer's name, address, and ZIP code FREDDIE MAC

8200 JONES BRANCH DR MS A73 MCLEAN, VA 22102

b Employer's FED ID number 52-0904874	a Employee's SSA number XXX-XX-2860	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C   113.99	
14 Other	<sup>12b</sup> D   18601.68	
	12c W   6678.12	
	12d DD   16642.92	
	13 Stat emp. Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

ASHOK R BALINENI 3203 WEST SPINGS DRIVE **APT 207 ELLICOTT CITY, MD 21043** 

15 State	Employer's state ID n	o. 16 State wages, tips, etc.
	0176569 0	147231.23
17 State	income tax 10640.23	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy
Wage and Tax Statement OMB No. 1545-0 Copy B to be filed with employee's Federal Income Tax Return

8200 JONES BRANCH DR MS A73 MCLEAN, VA 22102 b Employer's FED ID number 52-0904874 a Employee's SSA number XXX-XX-2860 8 Allocated tips 7 Social security tips 10 Dependent care benefits 12a 11 Nonqualified plans 113.99 <sup>12b</sup>D \_ 14 Other 18601.68 12cW 6678.12 12dDD 16642.92 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code ASHOK R BALINENI 3203 WEST SPINGS DRIVE **APT 207 ELLICOTT CITY, MD 21043** 15 State Employer's state ID no. 16 State wages, tips, etc. MD 0176569 147231.23 17 State income tax 18 Local wages, tips, etc. 10640.23

MD. State Filing Copy
Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

20 Locality name

1 Wages, tips, other comp. 147231.23 3 Social security wages 147000.00 5 Medicare wages and tips 165832.91		2 Federal income tax withheld 16170.12 4 Social security tax withheld 9114.00 6 Medicare tax withheld 2404.58						
					d Control number 403822 TOM	Dept.	Corp.	Employer use only B S 4451

c Employer's name, address, and ZIP code FREDDIE MAC

8200 JONES BRANCH DR MS A73 MCLEAN, VA 22102

b	Employer's FED ID number 52-0904874	a Emplo	yee's SS XXX-X	A number X-2860
7	Social security tips	8 Allocated tips		
9		10 Deper	ndent car	e benefits
11	Nonqualified plans	12a C		113.99
14 Other	Other	12b D		18601.68
		12c W		6678.12
		12d DD	-	16642.92
		13 Stat em	Ret. plan	3rd party sick pay
e/f	Employee's name address	and ZIP of	ode	

ASHOK R BALINENI 3203 WEST SPINGS DRIVE

**APT 207** ELLICOTT CITY, MD 21043

MD	0176569 0	. 16 State wages, tips, etc. 147231.23
17 State	income tax 10640.23	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

City or Local Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's City or Local Income Tax Return