

# 2022 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy C for employee's records. OMB No. 1545-0008

d Control number 000004001 U59		Dept CC_623	Corp. CRZT	Employer use only S 1667
c Employer's name, address, and ZIP code <b>TELADOC HEALTH INC</b> <b>2 MANHATTANVILLE RD</b> <b>PURCHASE, NY 10577</b>				
e/f Employee's name, address, and ZIP code <b>KAVYA CAROL KUSUMA</b> <b>8371 BERWICK DR</b> <b>WESTLAND, MI 48185</b>				
b Employer's FED ID number 04-3705970	a Employee's SSA number XXX-XX-4995			
1 Wages, tips, other comp. 70362.50	2 Federal income tax withheld 11810.20			
3 Social security wages 70362.50	4 Social security tax withheld 4362.48			
5 Medicare wages and tips 70362.50	6 Medicare tax withheld 1020.26			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C   36.00			
14 Other	12b DD 4293.72			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
15 State MI	Employer's state ID no. 04-3705970	16 State wages, tips, etc. 70362.50		
17 State income tax 2990.39		18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	71,430.02	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	4,362.48
FED. INCOME TAX WITHHELD BOX 02 OF W-2	11,810.20	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,020.26
STATE INCOME TAX BOX 17 OF W-2	2,990.39	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

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

Social Security Number: XXX-XX-4995

**KAVYA CAROL KUSUMA**  
**8371 BERWICK DR**  
**WESTLAND, MI 48185**



© 2022 ADP, Inc.

PAGE 01 OF 01

Fold and Detach Here

1 Wages, tips, other comp. 70362.50	2 Federal income tax withheld 11810.20			
3 Social security wages 70362.50	4 Social security tax withheld 4362.48			
5 Medicare wages and tips 70362.50	6 Medicare tax withheld 1020.26			
d Control number 000004001 U59	Dept CC_623	Corp. CRZT	Employer use only 1667	
c Employer's name, address, and ZIP code <b>TELADOC HEALTH INC</b> <b>2 MANHATTANVILLE RD</b> <b>PURCHASE, NY 10577</b>				
b Employer's FED ID number 04-3705970	a Employee's SSA number XXX-XX-4995			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C   36.00			
14 Other	12b DD 4293.72			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>KAVYA CAROL KUSUMA</b> <b>8371 BERWICK DR</b> <b>WESTLAND, MI 48185</b>				
15 State MI	Employer's state ID no. 04-3705970	16 State wages, tips, etc. 70362.50		
17 State income tax 2990.39		18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		
<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 2022</b> <small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008</small>				

1 Wages, tips, other comp. 70362.50	2 Federal income tax withheld 11810.20			
3 Social security wages 70362.50	4 Social security tax withheld 4362.48			
5 Medicare wages and tips 70362.50	6 Medicare tax withheld 1020.26			
d Control number 000004001 U59	Dept CC_623	Corp. CRZT	Employer use only 1667	
c Employer's name, address, and ZIP code <b>TELADOC HEALTH INC</b> <b>2 MANHATTANVILLE RD</b> <b>PURCHASE, NY 10577</b>				
b Employer's FED ID number 04-3705970	a Employee's SSA number XXX-XX-4995			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a C   36.00			
14 Other	12b DD 4293.72			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>KAVYA CAROL KUSUMA</b> <b>8371 BERWICK DR</b> <b>WESTLAND, MI 48185</b>				
15 State MI	Employer's state ID no. 04-3705970	16 State wages, tips, etc. 70362.50		
17 State income tax 2990.39		18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		
<b>MI. State Filing Copy</b> <b>W-2 Wage and Tax Statement 2022</b> <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>				

1 Wages, tips, other comp. 70362.50	2 Federal income tax withheld 11810.20			
3 Social security wages 70362.50	4 Social security tax withheld 4362.48			
5 Medicare wages and tips 70362.50	6 Medicare tax withheld 1020.26			
d Control number 000004001 U59	Dept CC_623	Corp. CRZT	Employer use only 1667	
c Employer's name, address, and ZIP code <b>TELADOC HEALTH INC</b> <b>2 MANHATTANVILLE RD</b> <b>PURCHASE, NY 10577</b>				
b Employer's FED ID number 04-3705970	a Employee's SSA number XXX-XX-4995			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a C   36.00			
14 Other	12b DD 4293.72			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code <b>KAVYA CAROL KUSUMA</b> <b>8371 BERWICK DR</b> <b>WESTLAND, MI 48185</b>				
15 State MI	Employer's state ID no. 04-3705970	16 State wages, tips, etc. 70362.50		
17 State income tax 2990.39		18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		
<b>City or Local Filing Copy</b> <b>W-2 Wage and Tax Statement 2022</b> <small>Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008</small>				