| Copy B To Be Filed With Employee's OMB No. 1545-0008 | | | | | | | |
|--|--|-------------------------------|---------------------------------|-----------------|----------------------------|--|--|
| a. Employee's SSN | 1 Wages, tips, other comp. 2 Federal income tax withheld 24730 | | | | | | |
| XXX-XX-3287 | 3 Social s | ecurity wages | 4 So | cial security t | ax withheld | | |
| b. Employer ID number | | 146148.00 | | 9061.18 | | | |
| 47-5468269 | 5 Medicar | e wages and tips 146148.00 | 6 Medicare tax withheld 2119.15 | | | | |
| c. Employer's name, addre | ss, and ZIP | code | | | | | |
| VERTEX ANALY | TICS I | NC | | | | | |
| 160 Chapel R | oad, | | | | | | |
| Suite 102 | | | | | | | |
| Manchester, | CT 060 | 42 | | | | | |
| d. Control number | | | | | | | |
| e.Employee's name, addre Rajeswari Sa 151 East Cen | mantha | pudi | | | | | |
| Apt 1350 | | | | | | | |
| Bayonne, NJ | 07002 | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 10.5 | | | Ļ | | | | |
| 10 Dependent care benefits | onqualified plans | 12a Code See inst. for box 12 | | | | | |
| | 4 Other NY SDI | 31.20 | 1: | 12b Code | | | |
| Retirement plan | PFML - | NY 423.71 | 1: | 12c Code | | | |
| Third party sick pay | | | 1: | 2d Code | | | |
| NY 47-5468269 | 146148. | | 00 8587.02 | | | | |
| 15 State Emplr.'s state I | 16 State wages, tips, etc | | 17 State income tax | | | | |
| 18 Local wages, tips,etc. | | ocal income tax | 20 Locality name | | | | |
| Form W-2 Wage and Tax 3 | | to the Internal Revenue S | Servic | | Treasury IRS 39-1908647 | | |

2022 City, or Local Income Tax Return 1545-0008 1 Wages, tips, other comp. 141677.61 a. Employee's SSN 2 Federal income tax withheld 24730.08 XXX-XX-3287 3 Social security wages 4 Social security tax withheld 146148.00 9061.18 b. Employer ID number 5 Medicare wages and tips 6 Medicare tax withheld 47-5468269 146148.00 2119.15 $c\,.$ Employer's name, address, and ZIP code VERTEX ANALYTICS INC 160 Chapel Road, Suite 102 Manchester, CT 06042 d. Control number 25 e. Employee's name, address, and ZIP code Rajeswari Samanthapudi 151 East Center St Apt 1350 Bayonne, NJ 07002 7 Social security tips 8 Allocated tips 11 Nonqualified plans 10 Dependent care benefits 12a Code See inst. for box 12 14 Other NY SDI 12b Code 13 Statutory employee 31.20 PFML - NY 423.71 Retirement plan 12c Code Third party sick pay 12d Code 47-5468269 146148.00 8587.02 NY 15 State Emplr.'s state ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-1908647

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it. Copy C For EMPLOYEE'S RECORDS

| (See Notice to Employee) | | | | | | |
|--|---|---|--------------------------------|----------------------------|--|--|
| 1 Wages, tips, other comp. 2 Federal income tax withheld | | | | | | |
| 3 Social s | security wages | | 4 Social security tax withheld | | | |
| | | | 9061.18 | | | |
| 5 Medicare | 2119.15 | | | | | |
| ss and 7IP | | | | | | |
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| oad, | | | | | | |
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| CT 060 | 42 | | | | | |
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| ter St | | | | | | |
| | | | | | | |
| 07002 | | | | | | |
| 8 A | llocated tips | Т | | | | |
| | | | | | | |
| 11 N | onqualified plans | 12a Code See inst. for box 12 | | | | |
| 4 Other NY SDI | 31.20 | 12b Code | | | | |
| PFML - | NY 423.71 | 12c Code | | | | |
| | | | | | | |
| | | 1: | 2d Code | | | |
|) | 146148. | 00 | | 8587.02 | | |
| 15 State EmpIr.'s state ID# 18 Local wages, tips, etc. 19 Lo | | | 17 State income tax | | | |
| 19 Local income tax | | | Locality nam | е | | |
| | | | | | | |
| Sta te ment | 39-1908647 | | Dept. of the | Treasury IRS | | |
| | yee) 1 Wages, 3 Social s 5 Medicard ss, and ZIF FICS I bad, CT 060 ss, and ZIP nantha ter St 07002 8 A ss 11N 4 Other TY SDI PFML - | yee) 1 Wages, tips, other comp. 141677.61 3 Social security wages 146148.00 5 Medicare wages and tips 146148.00 ss, and ZIP code FICS INC coad, CT 06042 ss, and ZIP code manthapudi ter St 07002 8 Allocated tips ss 11 Nonqualified plans 4 Other TY SDI 31.20 PFML - NY 423.71 0 146148. 0 # 16 State wages, tips, etc. | 1 Wages, tips, other comp. | 1 Wages, tips, other comp. | | |

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| Copy 2 To Be Filed Wi | 2022 | OMB No. 1545-0008 | | | | | | |
|---|--------------------|--------------------------------------|-------------------|------|--------------------------------------|------------------------|--|--|
| a. Employee's SSN | | | | | Federal income tax withheld 24730.08 | | | |
| b. Employer ID number | 3 Social s | ecurity | wages 146148.0 | 4 Sc | cial security t | ax withheld 9061.18 | | |
| b. Employer ib number | 5 Medicare | 5 Medicare wages and tips 6 Medicare | | | | ith he I d | | |
| 47-5468269 | | | 146148.0 | 00 | | 2119.15 | | |
| c. Employer's name, address VERTEX ANALYT | ICS IN | | | | | | | |
| 160 Chapel Ro Suite 102 | ad, | | | | | | | |
| Manchester, CT 06042 | | | | | | | | |
| d. Control number | | | | | | | | |
| e Employee's name, address Rajeswari Sam 151 East Cent Apt 1350 Bayonne, NJ 0 | anthap er St | ^{de} udi | | | | | | |
| 7 Social security tips | 8 A | 8 Allocated tips | | | | | | |
| 10 Dependent care benefits | 11 N | 11 Nonqualified plans | | | 12a Code See inst. for box 12 | | | |
| 13 Statutory employee | 14 Other NY SDI | | | | 12b Code | | | |
| Retirement plan | PFML - | NY | 423.71 | 1 | 12c Code | | | |
| Third party sick pay | | | | 1 | 12d Code | | | |
| NY 47-5468269 146148. | | | | | | 8587.02 | | |
| 15 State Emplr.'s state ID | # | 16 Stat | e wages, tips, e | etc. | 17 State inco | me tax | | |
| 18 Local wages, tips, et c. | | | ome tax | | 0 Locality na | ne | | |
| Form W-2 Wage and Tax | State ment | | 39-190864 | 17 | Dept. of the | Treasury IRS | | |