								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							es ts	111960.	99 111960.	99 111960.99	
This information is being furnished to the Internal Revenue Service. If you are						Group Term Adoption	Life	65.	22 65	22 65.22	
imposed	on you if this incor	ie is taxable and yo	ou rail to i	report it.		Deferred Co	omp	(4153.5	7)		
	-2 Wage and Tax Sta					Section 125	i	(2936.6	4) (2936.6	4) (2936.64)	
Copy C-	-For EMPLOYEE'S RI	CORDS				Other Preta	x/Wage Limit		(109089.5	7) (109089.57)	
						W-2 Wages		104936.	00		
D. CONTROL				ONAR NO	. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA		2. FEDERAL INCOME TA		
000097132			2022			104936.00			15839.60		
	R IDENTIFICATION NUMBE			URITY NUMB	ER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	X WITHHELD	
94-3326476		697-67-8474									
	I'S NAME, ADDRESS, AND	ZIP CODE				5. MEDICARE	5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX W			HHELD	
Exiservice.0 10 Exchang											
Ste 2200	je Place					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City	NJ 07302										
						9.			10. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE Sheshank	'S FIRST NAME AND INITIA	L LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	box 12 65.22	
	- C	veiage	•			14. OTHER			D	4153.57	
2 Mirada Di APT 218	1.5					14. OTHER			DD	8381.28	
Lewis Cente	er OH 43035										
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIRE	EMENT X THIRD-PARTY SICK PAY		
	EMPLOYER'S STATE ID N	JMBER 16. STATE WAG			STATE INCOME T		18. LOCAL WAGES, T		LOCAL INCOME TAX	20. LOCALITY NAME	
OH	52-723951 1		104936.	.00		3241.78	102	2406.11	2560.13	NRes - ClbsCityW/H-D	

D. CONTROL NU 00009713280		₂₀₂₂ OMB NO.		1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 104936.00	2. FEDERAL INCOME TAX WITHHELD 15839.60			
B. EMPLOYER ID 94-3326476	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 04-3326476 697-67-8474		3. SOCIAL SE	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITH						
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Exiservice.Com, LLC						5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD		
Ste 2200	10 Exchange Place Ste 2200 Jersey City NJ 07302						7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS			
						9.		10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S I Sheshank	FIRST NAME AND INITIAL	LAST NAM Velaga	ΛE		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	65.22	
2 Mirada Dr S APT 218	2 Mirada Dr S APT 218				14. OTHER D DD			4153.57 8381.28		
Lewis Center OH 43035 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETU	REMENT X THIRD-PARTY SICK PAY	
15. STATE EN	MPLOYER'S STATE ID NUMBER 52-723951 1		5, TIPS, ETC. 104936.00		TATE INCOME 1	AX 3241.78	18. LOCAL WAGES, TIPS, ETC. 102406.11	19. LOCAL INCOME TAX 2560.13	20. LOCALITY NAME NRes - ClbsCityW/H-D	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000097132801	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 104936.00	2. FEDERAL INCOME TO	AX WITHHELD 15839.60	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-3326476	A. EMPLOYEE'S SOCIAL SEC 697-67-8474	CURITY NUMBER	3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C Exlservice.Com, LLC	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD	
10 Exchange Place Ste 2200 Jersey City NJ 07302			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Jersey City NJ 07302			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sheshank	LAST NAME Velaga	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	65.22	
2 Mirada Dr S APT 218 Lewis Center OH 43035			14. OTHER		D DD	4153.57 8381.28	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER OH 52-723951 1	16. STATE WAGES, TIPS, E 104936		TAX 3241.78	18. LOCAL WAGES, TIPS, ETC. 102406.11	19. LOCAL INCOME TAX 2560.13	20. LOCALITY NAME NRes - ClbsCityW/H-D	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER		OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD	
000097132	2801	20	022 OIVIB	NO. 1343-0008		104936.00		15839.60	
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIA	AL SECURITY N	UMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD	
94-3326476 697-67-8474									
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD	
Exlservice.									
10 Exchang Ste 2200 Jersey City	-				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Jersey City	7 113 07 302				9.		10. DEPENDENT CARE	BENEFITS	
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	or box 12	
Sheshank		Velaga					С	65.22	
					14. OTHER		D	4153.57	
2 Mirada D APT 218	Dr S				14. OTHER		DD	8381.28	
	ter OH 43035								
USA	E'S ADDRESS AND ZIP CODE						13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TI	IPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
OH	52-723951 1	104	4936.00		3241.78	102406.11	2560.13	NRes - ClbsCityW/H-D	

								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
		explanation of y				Gross Wage	Gross Wages					
Please	note that t	he Gross amour	nt may include	adjustn	ents.	Txbl Benefit	ts					
This inf	ormation is	s being furnishe	d to the Inter	nal Reve	nue Service. If you are	Group Term	Life					
require	d to file a t	ax return, a ne	gligence penal	ty or oth	er sanction may be	Adoption						
impose	d on you if	this income is t	axable and yo	ou fail to	report it.	Deferred Co	omp					
Form W	/-2 Wage a	nd Tax Stateme	nt 2022			Section 125	•					
		OYEE'S RECORI					x/Wage Limit					
							,					
						W-2 Wages						
D. CONTROL					OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS	ATION	2. FEDERAL INCOME TA	X WITHHELD		
00009713				2022								
		TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD			X WITHHELD			
94-332647	-		697-67-8474									
		DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD		
Exlservice.												
10 Exchan Ste 2200	ge Place					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Jersey City	/ NJ 07302											
						9.			10. DEPENDENT CARE B	ENEFITS		
Sheshank	E'S FIRST NAM	IE AND INITIAL	LAST NA Velaga		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	r box 12		
			velaga									
2 Mirada D APT 218	or S					14. OTHER						
	ter OH 430	35										
USA									13. STATUTORY RETIR	EMENT X THIRD-PARTY		
15. STATE		AND ZIP CODE STATE ID NUMBER	16 STATE WAGE	ES TIDS E	TC. 17. STATE INCOME	TAY	18. LOCAL WAGES,	TIDS ETC 10	9. LOCAL INCOME TAX	20. LOCALITY NAME		
OH	52-72395		10. STATE WAGE	L3, 11P3, E	17. STATE INCOME	IMA		6683.46		Res - ClbsCityW/H-D		

D. CONTROL 000097132		2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
	B. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-3326476 4. EMPLOYEE'S SOCIAL SECURITY NUMBER 697-67-8474				CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
ExIservice.0		ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD
10 Exchang Ste 2200 Jersey City				7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS
,				9.		10. DEPENDENT CARE BENEFITS
E. EMPLOYEE Sheshank	S'S FIRST NAME AND INITIAL	LAST NAME Velaga	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d
2 Mirada D APT 218				14. OTHER		
USA	er OH 43035 'S ADDRESS AND ZIP CODE					13. STATUTORY RETIREMENT X THIRD-PARTY PLAN SICK PAY
15. STATE OH	EMPLOYER'S STATE ID NUMBER 52-723951 1	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	ГАХ	18. LOCAL WAGES, TIPS, ETC. 6683.46	19. LOCAL INCOME TAX 20. LOCALITY NAME Res - ClbsCityW/H-D

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000097132		202	OMB N	O. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	SECURITY NUM	1BER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD
94-332647	76	697-67-8474						
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD
ExIservice.								
10 Exchang	ge Place				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	
Ste 2200	/ NJ 07302							
Jersey erry	113 07 302				9.		10. DEPENDENT CARE	BENEFITS
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d	
Sheshank		Velaga						
2 Mirada D	Or S				14. OTHER			
APT 218								
	ter OH 43035						13. STATUTORY RET	IREMENT X THIRD-PARTY
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							EMPLOYEE PLAI	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS	S, ETC. 17	7. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME
OH	52-723951 1					6683.46	167.08	Res - ClbsCityW/H-D

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			OMB N	O. 1545-0008	1. WAGES, TI	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD	
000097132	2802	20	022 OIVIB IV	0. 1343-0008					
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCI	AL SECURITY NUM	MBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD	
94-332647	76	697-67-8474							
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	DDE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD	
Exlservice.									
10 Exchang Ste 2200	ge Place				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS		
Jersey City	N1 07302								
,					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for	r box 12	
Sheshank		Velaga							
2 Mirada D	Or S				14. OTHER				
APT 218									
	ter OH 43035						42 CTATUTORY - DCTI	REMENT X THIRD-PARTY	
USA F. EMPLOYEE	E'S ADDRESS AND ZIP CODE						13. STATUTORY RETI		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, T	TIPS, ETC. 1	7. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
ОН	52-723951 1	,				6683.46	167.08	Res - ClbsCityW/H-D	