							Federal Bo	x 1	Soc. Sec. Box 3 &	7 Medi	care Box 5
To the right is an explanation of your W-2 wages.					Gross Wag	es	100100.0		3 100100.0	08 1	.00100.08
Please note that the Gross amount may include adjustments.					Txbl Benefits						
This information i	s haina furnisha	d to the Intern	al Revenu	e Service. If you are	Group Terr	n Life		92.9	92.9	90	92.90
required to file a					Adoption		(576				
imposed on you is					Deferred C Section 12		•	5.00 30.32	,	2)	(5980.32)
						ax/Wage Lir		0.32) (3960.3	2) ((3960.32)
Form W-2 Wage a Copy C—For EMP					W-2 Wages	-		07.6	5 94212.6	56	94212.66
D. CONTROL NUMBER	To the Street of the	,,,			1. WAGES, T	IPS, OTHER CO	OMPENSATION	\neg	2. FEDERAL INCOME TA	X WITHHELD	
000097142001			2022	OMB NO. 1545-0008			88507.66			5743.7	72
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)			RITY NUMBER	3. SOCIAL SE	CURITY WAG			4. SOCIAL SECURITY TA		
94-3326476 C. EMPLOYER'S NAME, A	DDRESS AND 7ID C	785-91-1614			5 MEDICARE	WAGES AND	94212.66	\dashv	6. MEDICARE TAX WIT	5841.1	18
Exlservice.Com, LLC		ODE			J. WEDICARE	WAGES AND	94212.66		1366.08		
10 Exchange Place					7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
Ste 2200											
Jersey City NJ 07302	2				9.				O. DEPENDENT CARE E	BENEFITS	
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		1	2.a-d See instructions fo	r box 12	
Sachin		Aggar							C D		92.90 5705.00
17950 Sunmeadow	dr				14. OTHER CT	ΓPL	143.	14	DD		26422.32
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CT <u>3824555</u>	1-000		27122.3	4	1279.49						
D. CONTROL NUMBER	1				1. WAGES, T	IPS. OTHER CO	OMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
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Copy 2-To Be Filed W	1		Local Incor	ne Tax Return	2022		Department o	of the	Treasury - Interi	nal Revenu	ie Service
FORM W-2 Wag	e and lax S	tatement									
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000097142001 B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	2022		3. SOCIAL SE	CURITY WAG	88507.66 ES	\dashv	4. SOCIAL SECURITY TA	5743.7	12
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Copy 2-To Be Filed W		State, City or			2022		Department	of the	ne Treasury - Inte	rnal Reven	nue Service
FORM W-2 Wag		,			2022						

D. CONTROL	L NUMBER		ONADA	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TO	2. FEDERAL INCOME TAX WITHHELD		
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B. EMPLOYE	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOC			MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
94-332647	<u>94-3326476</u> <u>785-91-1614</u>				94212.66				5841.18		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE					5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Exlservice.Com, LLC					94212.66				1366.08		
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E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NA		LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions fo	12.a-d See instructions for box 12		
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FI€MPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLAT	SICK PAY		
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