Copy B To Be F	iled with Em leturn.	ployee's	2022 OMB No. 1545-0008	Copy 2 To Be F	iled With Empl	rn.	OMD	No. 1545-0008
a Employee's SSN	1 Wages, tips,		2 Federal income tax withheld	a Employee's SSN	1 Wages, tips, other	er comp.	2 Federal in	ncome tax withheld
		45900.00	2186.00			5900.00		2186.00
178-23-5247	3 Social securit		4 Social security tax withheld	178-23-5247	3 Social security w		4 Social se	curity tax withheld 2845.80
b Employer ID no. (EIN)		45900.00	2845.80	b Employer ID no. (EIN)		5900.00	0.14-4/	
04-3790533	5 Medicare war		6 Medicare tax withheid	04-3790533	5 Medicare wages	and tips 15900.00	6 Medicare	tax withheld 665.55
		45900.00	665.55					005.55
c Employer's name, as KRISHNA C	OR PORATI	ON	- 600	c Employer's name, ac KRISHNA CO	ORPORATIO	N		
2627 CONN	ECTICUT	AVENUE NW		2627 CONN	ECTICUT A	VENUE NW		
WASHINGTO	N		DC 20008	WASHINGTO	N		DC	20008
d Control number				d Control number				
e Employee's name, a NAITIK U 2251 PIMM FALLS CHU	BANKER IT DR. A		suff. VA 22043	e Employee's name, a NAITIK U 2251 PIMM FALLS CHU	BANKER IT DR. AP		VA	22 <b>043</b>
7 Social security tips	8 Alloca	ated tips	9	7 Social security tips	8 Allocated	i tips	9	
10 Dependent care ben	efits 11 Nonq	ualified plans	12a Code See inst. for box 12	10 Dependent care bene	efits 11 Nonqual	ified plans	12a Coo	de See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Code 12c Code 12d Code	13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Cod 12c Cod 12d Cod	de
	0533F-001	4590	0.00 2036.00 s, etc. 17 State income tax	VA 30-04379	90533F-001	459	00.00 ips, etc.	2036.0
Local wages, tips, etc	19 Local	ncome tax	20 Locality name	18 Local wages, tips, et	tc. 19 Local in	come tax	20 Locality	y name
rm W-2 Wage and Tax information is being furnish	Statement		Dept. of the Treasury - IRS	Form W-2 Wage and T	ax Statement			Dept. of the Treasury -

Th

information is being furnis ity or other sanction may	DE IMPOSED ON YOU IN O					
py C For EMP		CORDS.	2022	THE CHARLEST STATE OF THE STATE		
ee Notice to E				No. 1545-0008		
Employee's SSN	1 Wages, tips, of		2 Federal i	ncome tax withheld		
	45900.00		2186.00			
78-23-5247	3 Social security wages		4 Social security tax withheld			
Employer ID no. (EIN)	1	45900.00		2845.80		
chiployer to no. (cire)	5 Medicare wag	es and tips	6 Medicare tax withheld			
04-3790533		45900.00		665.55		
Employer's name, a KRISHNA	ddress, and ZIP co	ode ON				
2627 CON	NECTICUT	AVENUE N	N			
WASHINGTO	ON		DC	20008		
d Control number						
e Employee's name, NAITIK U	BANKER			Suff.		
NAITIK U	BANKER MIT DR. A		VA	Suff. 22043		
NAITIK U 2251 PIM	BANKER MIT DR. A URCH		VA 9			
NAITIK U 2251 PIM FALLS CH	BANKER MIT DR. A URCH	APT. 1005	9			
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be	BANKER MIT DR. A URCH	APT. 1005	9	22043  ode See inst. for box 12		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT. 1005	9 12a Co	22043  ode See inst. for box 12		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT. 1005	9 12a Co	22043  ode See inst. for box 12		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT. 1005	9 12a Co	22043  ode See inst. for box 12		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT. 1005	9 12a Co	22043  ode See inst. for box 12  ode		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT. 1005	9 12a Cc 12b Cc	22043  ode See inst. for box 12  ode		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay	BANKER MIT DR. F URCH  8 Alloc enefits 11 Nonc	APT . 1005 ated tips qualified plans	9 12a Cc 12b Cc	22043  ode See inst. for box 12  ode		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay	BANKER MIT DR. A URCH  8 Allocate inefits 11 None	APT . 1005 ated tips qualified plans	9 12a Cc 12b Cc 12c Cc 12d Cc	22043  ode See inst. for box 12  ode ode		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay	BANKER MIT DR. A URCH  8 Alloc enefits 11 None  14 Other	APT . 1005 ated tips qualified plans	9 12a Cc 12b Cc 12c Cc 12d Cc	22043  ode See inst. for box 12  ode ode		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay VA 30-043	BANKER MIT DR. A URCH  8 Alloc enefits 11 Nonc  14 Other  790533F-00	APT . 1005 ated tips qualified plans	9 12a Cc 12b Cc 12c Cc 12d Cc	22043  ode See inst. for box 12  ode ode ode 2036.00		
NAITIK U 2251 PIM FALLS CH 7 Social security tips 10 Dependent care be 13 Statutory employee Retirement Plan Third-party sick pay VA 30-043	BANKER MIT DR. A URCH  8 Alloc enefits 11 Nonc  14 Other  790533F-00	APT . 1005 ated tips qualified plans	9 12a Cc 12b Cc 12c Cc 12d Cc	22043  ode See inst. for box 12  ode ode ode 2036.00		

	RE	EV 01/17/23 QBDT				
Copy 2 To Be F	iled With Em	ployee's State turn.	, 20	122 IB No. 1545-0008		
	1 Wages, tips, or	ther comp.	2 Feder	al income tax withheld		
a Employee's SSN		45900.00		2186.00		
178-23-5247	3 Social security	Social security wages		4 Social security tax withheld		
		45900.00		2845.80		
b Employer ID no. (EIN)	5 Medicare wage		6 Medicare tax withheld			
04-3790533		45900.00		665.55		
c Employer's name, ac KRISHNA C						
2627 CONN	ECTICUT I	AVENUE NW				
WASHINGTO	N		DC	20008		
d Control number						
7 Social security line	RCH		VA	22043		
7 Social security tips	8 Allocat	ted tips	9			
	127					
		11 Nonqualified plans		12a Code See inst. for box 12		
10 Dependent care ben	efits 11 Nonqu	alified plans	12a C	ode See inst. for box 12		
10 Dependent care beni	efits 11 Nonqu	alified plans	12a C			
13		alified plans				
13 Statutory employee		alified plans		ode		
13		alified plans	12b C	ode		
13 Statutory employee Retirement Plan		alified plans	12b C	ode		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b C	ode ode		
13 Statutory employee Retirement Plan Third-party sick pay			12b C	ode ode		
Statutory employee Retirement Plan Third-party sick pay VA 30-0437	14 Other 90533F - 001	. 4590	12b C 12c C 12d C	ode ode ode 2036.00		
13 Statutory employee Retirement Plan Third-party sick pay VA 30-0437 15 State Employer's state	14 Other 90533F - 001 ate ID number	. 4590	12b C 12c C 12d C	ode ode 2036.00		
Statutory employee Retirement Plan Third-party sick pay VA 30-0437	14 Other 90533F - 001 ate ID number	. 4590	12b C 12c C 12d C	ode ode 2036.00		
13 Statutory employee Retirement Plan Third-party sick pay VA 30-0437 15 State Employer's state	14 Other 90533F - 001 ate ID number	. 4590	12b C 12c C 12d C	ode ode 2036.00		