| Copy B To Be F<br>FEDERAL Tax R                              | iled w<br>eturn                  | ith Emp                           | loyee's  |                              | <b>)22</b><br>//B No. 1545-0008                    | Cop                    | y 2 To Be Fi<br>, or Local Inc                      | iled W<br>come    | ith Emp      | ployee's State<br>turn. |              | <b>22</b><br>B No. 1545-0008   |
|--|----------------------------------|-----------------------------------|--|------------------------------|--|------------------------|---|-------------------|--------------|-------------------------|--------------|--------------------------------|
| a Employee's SSN   | 1 Wag                            | jes, tips, oth                    | ner comp.<br>17784.00                              | 2 Feder                      | al income tax withheld 2723.00                     | 1 1 '                  | oloyee's SSN  | 1 Wag             | jes, tips, o | ther comp.<br>17784.00  | 2 Federa     | al income tax withheld 2723.00 |
| 035-13-3082  | 3 Soci                           | al security                       | wages  | 4 Social                     | security tax withheld                              | 035                    | -13-3082  | 3 Soci            | al security  | wages                   | 4 Social     | security tax withheld          |
| <b>b</b> Employer ID no. (EIN) 86-2447548                    | 5 Med                            | icare wage                        | s and tips   | 6 Medic                      | are tax withheld                                   | 1 1 '                  | loyer ID no. (EIN)<br>- 2 4 4 7 5 4 8               | 5 Med             | icare wage   | es and tips             | 6 Medica     | are tax withheld               |
| c Employer's name, ac<br>EMETEORS                            | dress, a<br>TECH                 | and ZIP cod                       | e<br>Y INC   |                              |  | c Emp                  | oloyer's name, ad<br>IETEORS                        | ddress, a<br>TECH | and ZIP co   | de<br>GY INC            |              |                                |
| 150 RIVER  | RD                               | BLDG                              | G SUITE  | 3В                           |  | 15                     | 0 RIVER   | RD                | BLDG         | G SUITE                 | 3В           |                                |
| MONTVILLE  |                                  |                                   |  | NJ                           | 07045  | MC                     | NTVILLE   |                   |              |                         | NJ           | 07045                          |
| d Control number   |                                  |                                   |  |                              |  | <b>d</b> Con           | trol number   |                   |              |                         |              |                                |
| e Employee's name, a<br>JAYASHANK.<br>1401 ESTE:<br>IRVING   | AR G                             | SADDE                             |  | TX                           | Suff.<br>75061                                     | JA<br>14               | oloyee's name, ac<br>XYASHANKA<br>101 ESTEI<br>VING | AR G              | ADDE         |                         | TX           | Suff.<br>75061                 |
| 7 Social security tips                                       | I security tips 8 Allocated tips |                                   | 9  | 9                            |  | 7 Social security tips |   | 8 Allocated tips  |              | 9                       |              |                                |
| 10 Dependent care bene                                       | efits                            | 11 Nonqua                         | lified plans                                       | 12a (                        | Code See inst. for box 12                          | <b>10</b> Dep          | endent care bene                                    | efits             | 11 Nonqu     | alified plans           | <b>12a</b> C | ode See inst. for box 12       |
| 13<br>Statutory employee                                     | <b>14</b> O                      | ther                              |  | 12b (                        |  | 13<br>Statutory        | y employee  | <b>14</b> Ot      | ther         |                         | 12b C        |                                |
| Retirement Plan  |                                  |                                   | 12d Code   |                              | Retirement Plan                                    |                        |   |                   |              | <b>12d</b> Code         |              |                                |
| Third-party sick pay   |                                  |                                   |  | 120                          | ode  | Third-pa               | rty sick pay  |                   |              |                         | 120 0        | ode                            |
| <b>15</b> State Employer's s                                 | state ID r                       | number                            | <b>16</b> State wages, tij                         | os, etc.                     | 17 State income tax                                | <b>15</b> State        | e Employer's stat                                   | te ID nur         | mber         | 16 State wages, ti      | ps, etc.     | 17 State income tax            |
| 18 Local wages, tips, et                                     | c.                               | 19 Local in                       | come tax   | <b>20</b> Loo                | ality name   | <b>18</b> Loc          | al wages, tips, etc                                 | c.                | 19 Local i   | ncome tax               | 20 Localit   | y name                         |
| Form W-2 Wage and Ta<br>This information is being furn       | ax Stater<br>iished to th        | ment<br>ne Internal Re            | venue Service.                                     | ı                            | Dept. of the Treasury - IRS                        | Form V                 | V-2 Wage and Ta                                     | ax Stater         | ment         |                         |              | Dept. of the Treasury - IRS    |
| This information is being furn penalty or other sanction may | ished to the                     | ne Internal Re<br>sed on you if t | venue Service. If you a<br>his income is taxable a | re required<br>nd you fail t | to file a tax return, a negligence<br>o report it. |                        |   |                   | RE           | EV 12/09/22 QBDT        |              |                                |
| Copy C For EM  | PLOY                             | EE'S RE                           | CORDS.   | 20                           | )22  | Cop                    | v 2 To Be Fi  | iled W            | ith Em       | plovee's State          | . 20         | 22                             |

| Copy C For EMI  |                            | 2022        |                               |                                |                         |                     |  |  |
|---|----------------------------|-------------|-------------------------------|--------------------------------|-------------------------|---------------------|--|--|
| (See Notice to E  |                            |             |                               | 0.5                            |                         | No. 1545-0008       |  |  |
| a Employee's SSN  | 1 Wages, tips, other comp. |             |                               | 2 Federal income tax withheld  |                         |                     |  |  |
| 025 12 2000   | 17784.00                   |             |                               |                                | 2723.0                  |                     |  |  |
| 035-13-3082   | 3 Social security wages    |             |                               | 4 Social security tax withheld |                         |                     |  |  |
| <b>b</b> Employer ID no. (EIN)                              |                            |             |                               |                                |                         |                     |  |  |
| , , , ,   | 5 Medicare wages and tips  |             |                               |                                | 6 Medicare tax withheld |                     |  |  |
| 86-2447548  |                            |             |                               |                                |                         |                     |  |  |
| c Employer's name, ac<br>EMETEORS                           |                            |             |                               |                                |                         |                     |  |  |
| 150 RIVER   | RD                         | BLDG        | G SUITE                       | 3В                             |                         |                     |  |  |
| MONTVILLE NJ 07045  |                            |             |                               |                                |                         |                     |  |  |
| d Control number  |                            |             |                               |                                |                         |                     |  |  |
| e Employee's name, ac<br>JAYASHANK.<br>1401 ESTE:<br>IRVING | AR G                       | ADDE        |                               | Т                              | 'X                      | Suff.               |  |  |
| 7 Social security tips                                      |                            | 8 Allocate  | 9                             |                                |                         |                     |  |  |
| 10 Dependent care bene                                      | efits                      | 11 Nonqua   | 12a Code See inst. for box 12 |                                |                         |                     |  |  |
| 13  | <b>14</b> Ot               | ther        |                               |                                | 12b Code                |                     |  |  |
| Statutory employee  |                            |             |                               |                                |                         |                     |  |  |
|   |                            |             |                               |                                | 12c Code                |                     |  |  |
| Retirement Plan   |                            |             |                               |                                | 12d Code                |                     |  |  |
| Third-party sick pay  |                            |             |                               |                                | 124 0000                |                     |  |  |
|   |                            |             |                               |                                |                         |                     |  |  |
|   |                            |             |                               |                                |                         |                     |  |  |
| 15 State Employer's stat                                    | te ID nur                  | mber        | 16 State wages, tip           | os, etc                        | .   <sub>1</sub>        | 17 State income tax |  |  |
| 18 Local wages, tips, et                                    | c.                         | 19 Local ir | 20 Locality name              |                                |                         |                     |  |  |
|   |                            |             |                               |                                |                         |                     |  |  |
|   |                            |             |                               |                                |                         |                     |  |  |
|   |                            |             |                               |                                |                         |                     |  |  |

Form W-2 Wage and Tax Statement

| City, or Local In-   |                    | ւտ բաբ                    | loyee's State              | , 202                          | 22                      |  |  |  |
|--|--------------------|---------------------------|----------------------------|--------------------------------|-------------------------|--|--|--|
|  |                    |                           |                            | OM                             | B No. 1545-0008         |  |  |  |
| a Employee's SSN   | 1 Wage             | es, tips, otl             | her comp.                  | 2 Federal income tax withheld  |                         |  |  |  |
| , ,  | 17784.00           |                           |                            | 2723.00                        |                         |  |  |  |
| 035-13-3082  | 3 Socia            | l security                | wages                      | 4 Social security tax withheld |                         |  |  |  |
| <b>b</b> Employer ID no. (EIN)   |                    |                           |                            |                                |                         |  |  |  |
|  | 5 Medio            | 5 Medicare wages and tips |                            |                                | 6 Medicare tax withheld |  |  |  |
| 86-2447548   |                    |                           |                            |                                |                         |  |  |  |
| c Employer's name, ac<br>EMETEORS  | ddress, ar<br>TECH | nd ZIP cod<br>NOLOC       | e<br>GY INC                |                                |                         |  |  |  |
| 150 RIVER  | RD                 | BLDG                      | G SUITE                    | 3B                             |                         |  |  |  |
| MONTVILLE NJ 07045   |                    |                           |                            |                                |                         |  |  |  |
| d Control number   |                    |                           |                            |                                |                         |  |  |  |
|  |                    |                           |                            |                                |                         |  |  |  |
| e Employee's name, a   | ,                  |                           | de                         |                                | Suff.                   |  |  |  |
| 1401 ESTE  | RS R               | OAD A                     | APT201                     |                                |                         |  |  |  |
| IRVING   |                    |                           |                            | TX                             | 75061                   |  |  |  |
| 7 Social security tips   |                    | 8 Allocate                | ed tips                    | 9                              |                         |  |  |  |
| 10 Dependent care bene   | efits              | 11 Nonqua                 | alified plans              | 12a Code See inst. for box 12  |                         |  |  |  |
|  |                    |                           |                            |                                |                         |  |  |  |
| 13   | 14 Oth             | ner                       |                            | 12b Code                       |                         |  |  |  |
| Statutory employee   |                    |                           |                            | 12c Code                       |                         |  |  |  |
| Retirement Plan  |                    |                           |                            | 120 00                         |                         |  |  |  |
|  |                    |                           |                            | 12d C                          | 2d Code                 |  |  |  |
|  |                    |                           |                            |                                |                         |  |  |  |
| Third-party sick pay   | <u> </u>           |                           |                            |                                | l                       |  |  |  |
| Third-party sick pay   |                    |                           |                            |                                |                         |  |  |  |
|  | <u> </u>           |                           |                            |                                |                         |  |  |  |
|  | te ID num          | nber                      | <b>16</b> State wages, tip | os, etc.                       | 17 State income tax     |  |  |  |
| Third-party sick pay  15 State Employer's star  18 Local wages, tips, et | - 1                |                           | 16 State wages, tip        | os, etc.<br><b>20</b> Localit  |                         |  |  |  |