							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
								222. Sec. Box 5 a			
To the right	is an explanation of y	our W. 2 wag	0.0		Gross Wage	ne .	102054.1	10 102054.1	0 102054.10		
	that the Gross amour			ents.	Txbl Benefi		18.0				
Th:-:			I D	Ci 16	Group Term		253.8				
				nue Service. If you are er sanction may be	Adoption	Liic	255.0	255.0	233.00		
required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.						Deferred Comp (5086.98)					
Form W-2 W	lage and Tax Stateme	ent 2022			Section 125		(5000.5	0,			
	EMPLOYEE'S RECOR				Other Preta	x/Wage Limit					
					W-2 Wages	,	97238.9	92 102325.9	0 102325.90		
D. CONTROL NUM 000011018801				OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 97238.92		2. FEDERAL INCOME TAX WITHHELD 16322.05				
	NTIFICATION NUMBER (EIN)		URITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
54-1106980		840-74-4677			102325.90 6344.21				6344.21		
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	IHELD		
SWIFT						102325	.90		1483.73		
1621 MCDEVITT Culpeper VA 22					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Compeper Wit ELF 01								10. DEPENDENT CARE B	FNEETC		
					9.			10. DEPENDENT CARE B	EINEFILIS		
E. EMPLOYEE'S FIR	ST NAME AND INITIAL	LAST NA	AME	SUFF.				12.a-d See instructions for	box 12		
Shravya		Racha	konda					C	253.80		
6609 Bartrams Forest Ln						14. OTHER			5086.98 21171.69		
Haymarket VA 2 USA	20169							DD	21171103		
									MENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME 1						18. LOCAL WAGES, TI	IDS ETC 10	LOCAL INCOME TAX	20. LOCALITY NAME		
	41106980F001	10. STATE WAG	97238		5139.17	10. LOCAL WAGES, II	175, 110. 19.	LOCAL INCOINE TAX	20. LOCALITI NAIVIE		
D. CONTROL NUM	BER				1. WAGES, T	IPS, OTHER COMPENSA	TION	2. FEDERAL INCOME TAX	WITHHELD		

D. CONTROL NO 00001101880			2022	OMB NO.	1545-0008	1. WAGES, T	PS, OTHER COMPENSA 97238		2. FEDERAL INCOME TA	X WITHHELD 16322.05
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD	
54-1106980 840-74-4677						102325.90			6344.21	
C. EMPLOYER'S	NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
SWIFT							102325	.90	1483.73	
1621 MCDEVITT DR Culpeper VA 22701						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
						9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Shravya Rachakonda						11. NONQUALIFIED PLANS			12.a-d C	253.80
6609 Bartrams Forest Ln Haymarket VA 20169						14. OTHER			D DD	5086.98 21171.69
USA						13. STATUTORY RETIREMENT X EMPLOYEE PLAN				
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T				-AV	18. LOCAL WAGES, TI	DS ETC 1	9 LOCAL INCOME TAX	20. LOCALITY NAME		
	30541106980F001	10.31AIL WAGE	97238.		TATE INCOME I	5139.17	18. LOCAL WAGES, 11	r3, LIC. 1	3. LOCAL INCOME TAX	20. LOCALITI NAIVIL

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NU 00001101880		2	022 ОМВ	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 97238		2. FEDERAL INCOME TA	AX WITHHELD 16322.05	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S S 54-1106980 840-74-4677				UMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
	NAME, ADDRESS, AND ZIP C			102325.90			6344.21			
SWIFT	MANIE, ADDRESS, AND ZII C	ODE			S. WEDICARE	102325	5.90	0. WEDICAKE TAX WIT	1483.73	
1621 MCDEVITT DR Culpeper VA 22701					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S Shravya	FIRST NAME AND INITIAL	LAST NAME Rachakon		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	253.80	
6609 Bartrams Forest Ln Haymarket VA 20169 USA				14. OTHER		D DD	5086.98 21171.69			
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
	MPLOYER'S STATE ID NUMBER 80541106980F001	/	TIPS, ETC. 97238.92	17. STATE INCOME 1	FAX 5139.17	18. LOCAL WAGES, 1	IPS, ETC. 19). LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD	
000011018801	2022	GIVID 110: 1343 0000	97238.92			16322.05	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SE	CURITY NUMBER	3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
54-1106980	840-74-4677		102325.90		6344.21		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
SWIFT				102325.90		1483.73	
1621 MCDEVITT DR			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Culpeper VA 22701							
			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUALIFIED PLANS		12.a-d See instructions fo	12.a-d See instructions for box 12	
Shravya Rachakonda					С	253.80	
6609 Bartrams Forest Ln			14. OTHER		D	5086.98	
Haymarket VA 20169			I II O I II E II		DD	21171.69	
USA							
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	ETC. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
VA 30541106980F001	9723	8.92	5139.17				