d Control number 0025-13058488 Void 000000027 - PAYROL			c Employer's name, address, and ZIP code CLEYRA INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
26-0528860	XXX-XX-5244 terment Third-part sick pay		100 OVERLOOK CENTER SUITE 200 PRINCETON NJ 08540-4737				ips, other compensation 36960.00 scurity wages 36960.00	Federal income tax withheld Social security tax withheld	5796.04
12 See instructions for box 12	14 Other		e Employee'ii name SRUJANA M 2243 AUTRE NORTHLAKE	YLN		7 Social S	a wages and tips 36960.00 ecurity Tips ent care benefits	Medicare tax withheld Allocated Tips Nonqualified plans	535.92
5 State Employer's state ID number 16 State wag		vages, tips	, etc.	17 State income tax	18 Local wages, tips, etc.	l	19 Local income tax	20 Locality name	

This information is belon turnished to the Internal Revenue Service. If you are required to file a tax return, a pedicience penalty or other sanction may be imposed on you if this income is taxable and you fall to report I

Form W-2 Wage and Tax Statement 2022

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0025-13058488 Vold 000000027 - PAYROL b Employer identification number (EIN) a Employee's social security number 26-0528860 XXX-XX-5244 13 Statutory employee Retirement plan Third-party sick pay		c Employer's name, address, and ZIP code CLEYRA INC 100 OVERLOOK CENTER SUITE 200 PRINCETON NJ 08540-4737		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, 6ps, other compensation 36960.00 2 Federal income tax withheld 5796.04 3 Social security wages 4 Social security tax withheld 2291.52		
12 See instructions for box 12 14 Other		e Employee's name, address, and ZIP code SRUJANA MEREDDY 2243 AUTREY LN NORTHLAKE TX 76247		5 Medicare wages and lips 36960.00 7 Social Security Tips 10 Dependent care benefits	6 Medicare tax withheld 535.92 8 Allocated Tips 11 Nonqualified plans	
15 State Employer's state ID number 16 State wages, 8ps		s, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service. If you are 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.

Form W-2 Wage and Tax Statement 2022

d Control number Void X		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
Employer identification number (EIN) a Employee's social security no	number			1 Wages, tips, other compensation	2 Federal income tax withheld	
3 Statutory Retirement Third- employee plan sick	-party pay			3 Social security wages	4 Social security tax withheld	
See instructions for box 12 14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld	
				7 Social Security Tips	8 Allocated Tips	
				10 Dependent care benefits	11 Nonqualified plans	
State Employer's state ID number 16 State wages, tips		, etc. 17 State income tax 18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
1						

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Form W-2 Wage and Tax Statement 2022

d Control number	X	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) a Employee's social security n	umber					2 Federal income tax withheld	
13 Statutory Retirement Third employee plan sick	-party pay			3 Social sec	curity wages	4 Social security tax withheld	
12 See instructions for box 12 14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social Se		8 Allocated Tips	
				10 Depende	ent care benefits	11 Nonqualified plans	
15 State Employer's state ID number 16 St	tate wages, tips	s, etc. 17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	