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| and tips 6 Medicare tax withhold |
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| ith Employee's State, ax Return | |
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| ax Heturn | OMB No. 1545-0008 |
| 1 Wages, tips, other comp. | 2 Federal income tax with |
| 42375 11 | 8089.4 |
| 3 Social security wages | 4 Social security tax withh |
| 43970.91 | 2726.2 |
| 5 Medicare wages and tips | 6 Medicare tax withheld |
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| | 11 Nonqualified plans |

| Copy C-For EMP | LOYE | E'S RECORDS (See | | |
|-----------------------------|----------|---------------------------------|----------------------------|---------------------|
| Notice to Employee | on th | ne back of Copy B.) | OMB | No. 1545-0008 |
| a Employee's soc. sec. | no. | 1 Wages, tips, other comp. | 2 Federal in | come tax withheld |
| 112-53-5244 | | 42375.11 | | 8089.40 |
| | | 3 Social security wages | 4 Social sec | curity tax withheld |
| b Employer ID number | (EIN) | 43970.91 | | 2726.20 |
| 11-3779713 | | 5 Medicare wages and tips | 6 Medicare | tax withheld |
| | | 43970.91 | | 637.58 |
| c Employer's name, add | dress, a | | | |
| Exeter | Fina | ance LLC | | |
| 2101 W. | Jol | hn Carpenter Fwy | | |
| Irving, | | 1 ACC 40 DECKO 10 MATERIA | | |
| TIVING, | IA | /5063 | | |
| | | | | |
| d Control number | | | | |
| 1200 - Cor | | | | |
| e Employee's name, add | | | | |
| Srujana Mere | - | | | |
| 9904 Schram | n st | | | |
| Irving, TX | 7506 | 3 | | |
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| | | | , | |
| 7 Social security tips | | 8 Allocated tips | 9 | |
| | | | | ū. |
| 10 Dependent care bene | fits | 11 Nonqualified plans | 12a Code See inst. for box | |
| | | | С | 12.29 |
| 3 Statutory employee 14 Ot | | er | 12b Code | |
| | | | D | ,1595.80 |
| Retirement plan | | | 12c Code | |
| X | | | AA | 797.95 |
| Third-party sick pay | | | 12d Code | |
| | | | DD | 2128.59 |
| | | | | <u> </u> |
| | | | | |
| 15 State Employer's state | ID nur | mber 16 State wages, tips, etc. | 17 State in | ncome tax |
| 18 Local wages, tips, etc | | 19 Local income tax | 20 Locality n | ame |
| Losai magos, nps, cio | | | 1 | |

Form W-2 Wage and Tax Statement DD2 Dept. of the Treasury
This information is being furnished to the IRS. 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.

Dept. of the Treasury - IRS

| 112-53-5244 | 42375.11 | | 8089.40 |
|-----------------------------------|---------------------------------|----------------|--------------------|
| | 3 Social security wages | 4 Social seci | urity tax withheld |
| b Employer ID number (EIN) | 43970.91 | 2726.2 | |
| 11-3779713 | 5 Medicare wages and tips | 6 Medicare t | ax withheld |
| | 43970.91 | | 637.58 |
| c Employer's name, address, a | | | |
| Exeter Finance | LLC | | |
| 2101 W. John Ca: | rpenter Fwy | | |
| Irving, TX 7506 | 3 | | |
| 3. | | | |
| d Control number | | | |
| 1200 - Cor | | | |
| e Employee's name, address, | and ZIP code | | |
| Srujana Mereddy | | | |
| 9904 Schramm st | | | |
| Irving, TX 7506 | 3 | | |
| 11ving, 1x 7500 | .5 | | |
| | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | |
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| 13 Statutory employee 14 Oth | ner | 12b Code | 1595.80 |
| | | D | 1595.80 |
| Retirement plan X | | 12c Code AA | 797.95 |
| | | 12d Code | 131.33 |
| Third-party sick pay | | DD | 2128.59 |
| | | | |
| | 1 | | |
| 15 state Employer's state ID nu | mber 16 State wages, tips, etc. | 17 State in | come tax |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality na | ame |
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| Form W-2 Wage and Tax Sta | itement 2022 | Dept. of | the Treasury - IF |
| | | | |

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

a Employee's soc. sec. no. 1 Wages, tips, other comp.

OMB No. 1545-0008

2 Federal income tax withheld