

|   |  |  |  |                            |  |                  |
|---|--|--|--|----------------------------|--|------------------|
| 22222   |  | a Employee's social security number<br>702-83-4288 |  | OMB No. 1545-0008          |  |                  |
| b Employer identification number (EIN)<br>83-3750719  |  |  | 1 Wages, tips, other compensation<br>117,866.80  |                            | 2 Federal income tax withheld<br>19,431.03 |                  |
| c Employer's name, address, and ZIP code<br>THINKLUSIVE INC<br>THINKLUSIVE INC<br>1100 CORNWALL RD<br>MONMOUTH JUNCTION, NJ 08852 |  |  | 3 Social security wages<br>16,405.80   |                            | 4 Social security tax withheld<br>1,017.16 |                  |
|   |  |  | 5 Medicare wages and tips<br>16,405.80   |                            | 6 Medicare tax withheld<br>237.88          |                  |
|   |  |  | 7 Social security tips   |                            | 8 Allocated tips                           |                  |
|   |  |  |  |                            | 10 Dependent care benefits                 |                  |
| d Control number<br>62  |  |  |  |                            |  |                  |
| e Employee's first name and initial Last name suff.<br><br>Nishmai C Vadlamudi<br><br>813 Coventry lane<br><br>Somerset, NJ 08873 |  |  | 11 Nonqualified plans  |                            | 12a See instructions for box 12            |                  |
|   |  |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            | 12b  |                  |
|   |  |  | 14 Other<br>NJ FLI 136.20<br>NJ SDI 136.20<br>NJ SUI 169.15  |                            | 12c  |                  |
|   |  |  |  |                            | 12d  |                  |
| f Employee's address and ZIP code   |  |  |  |                            |  |                  |
| 15 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 |
| NJ   833-750-719/000  |  | 97,286.80  | 5,070.04   |                            |  |                  |
| KY   917574   |  | 20,580.00  | 994.55   |                            |  |                  |

Form **W-2** Wage and Tax Statement  
Copy 1- For State, City, or Local Tax Department

2022

Department of the Treasury- Internal Revenue Service

AWW2-1

|   |  |                                     |  |                            |                                 |                  |
|---|--|-------------------------------------|--|----------------------------|---------------------------------|------------------|
| 22222   |  | a Employee's social security number |  | OMB No. 1545-0008          |                                 |                  |
| b Employer identification number (EIN)              |  |                                     | 1 Wages, tips, other compensation  |                            | 2 Federal income tax withheld   |                  |
| c Employer's name, address, and ZIP code            |  |                                     | 3 Social security wages  |                            | 4 Social security tax withheld  |                  |
|   |  |                                     | 5 Medicare wages and tips  |                            | 6 Medicare tax withheld         |                  |
|   |  |                                     | 7 Social security tips   |                            | 8 Allocated tips                |                  |
| d Control number                                    |  |                                     |  |                            | 10 Dependent care benefits      |                  |
| e Employee's first name and initial Last name suff. |  |                                     | 11 Nonqualified plans  |                            | 12a See instructions for box 12 |                  |
|   |  |                                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            | 12b                             |                  |
|   |  |                                     | 14 Other   |                            | 12c                             |                  |
|   |  |                                     |  |                            | 12d                             |                  |
| f Employee's address and ZIP code                   |  |                                     |  |                            |                                 |                  |
| 15 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 |
|   |  |                                     |  |                            |                                 |                  |

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