2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Control number Employer use only 01871288 V68 SA08 13563

Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073

e/f Employee's name, address, and ZIP code **GUNEET SINGH**

1675 S MILPITAS BLVD, APT 445 MILPITAS, CA 95035

19	Local	income tax	20) L	ocali	ty name		
17	State i	ncome tax 5760.55	18	3 Lo	ocal	wages, ti	ps, etc.	
	CA	370-2974 1	\perp				97665.44	ļ
15	State	Employer's state ID n	o. 16	S	tate v	wages, tip	os, etc.	
			13	St	at em	p Ret. plan	3rd party sid	k pay
					AΑ		6170.7	
14	Other	1140.86 CA SDI	12	С	ŴΤ		1200.0	
		1656.00 HEALTH	12	b	ĎΪ		6170.7	
11	Nonqu	alified plans	12	a S	eeins C i	tructions for	or box 12 121.6	8
9							benefits	
7	Social	security tips	8			ted tips		
		102636.14					1488.22	
5	Medic	are wages and tips	6	M	edic	are tax w	ithheld	
		102636.14					6363.44	
3	Socia	security wages	4	s	ocial	security	tax withhe	eld
		96465.44				1	5882.45	
1	Wage	s, tips, other comp.	2	F	edera	al income	tax withhe	eld
b	Emplo	yer's FED ID number 36-3556041	а	=	mpic		A number XX-8973	

1	Wages, tips, other o	omp. 65.44	2 Federa	l income tax withheld 15882.45
3	Social security wag		4 Social	security tax withheld 6363.44
5	Medicare wages and 10263		6 Medica	are tax withheld 1488.22
d 01	Control number 871288 V68	Dept.	Corp. SA08	Employer use only 13563

c Employer's name, address, and ZIP code

SAP AMERICA INC 3999 WEST CHESTER PIKE **NEWTOWN SQUARE, PA 19073**

L		
Ī	b Employer's FED ID numbe 36-3556041	r a Employee's SSA number XXX-XX-8973
Ī	7 Social security tips	8 Allocated tips
	9	10 Dependent care benefits
ľ	11 Nonqualified plans	12a See instructions for box 12 C 121.68
ſ	14 Other 1656.00 HEALTH 1140.86 CA SDI	^{12b} D 6170.70
		^{12c} W 1200.00
		^{12d} AA 6170.70
		13 Stat emp. Ret. plan X 3rd party sick pay

e/f Employee's name, address and ZIP code

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS. CA 95035

15 State Employer's state ID no.	
CA 370-2974 1	97665.44
17 State income tax 5760.55	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing	Conv

Wage and Tax

Statement B to be filed with employee's Federal Income Tax Re

2022 W2 AND EARNINGS SUMMARY

THIS SUMMARY SECTION IS INCLUDED WITH YOUR W2 TO HELP DESCRIBE THIS PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT YOU MAY ALSO FIND HELPFUL.

102,767.41 SOCIAL SECURITY TAX GROSS PAY 6.363.44

WITHHELD BOX 4 OF W2

FED. INCOME TAX 15,882.45 MEDICARE TAX WITHHELD BOX 2 OF W2 WITHHELD BOX 6 OF W2

YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W2 STATEMENT.

	WAGES	SOCIAL	
	TIPS, OTHER	SECURITY	MEDICARE
	COMPENSATION	WAGES	WAGES
	BOX 1 OF W2	BOX 3 OF W2	BOX 5 OF W2
GROSS PAY	102,767.41	102,767.41	102,767.41
PLUS GTL (C-BOX12)	121.68	121.68	121.68
PLUS OTHER	0.00	0.00	0.00
LESS SMP STC	0.00	0.00	0.00
PLUS NON-QUAL ER VEST MATCH	N/A	0.00	0.00
LESS H SA(EE)	600.00	600.00	600.00
LESS 401K/ECAP/DEF COMP	6,170.70	N/A	N/A
LESS OTHER CAFE 125	1,656.00	1,656.00	1,656.00
LESS OTHER			
EMPLOYEE W4 PROFILE. TO CHANGE	YOUR EMPLOYEE W	V4 PROFILE INFO	RMATION, FILE,

A NEW W4 WITH YOUR PAYROLL DEPARTMENT. EMPLOYEE ID:01871288

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS, CA 95035

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PAGE 01 OF 02

		PAGE 01	OF 02		
1 Wages, tips, other co		al income tax withheld 15882.45	1 Wag	ges, tips, other	comp. 65.44
3 Social security wages 10263		security tax withheld 6363.44	3 Soc	cial security was	ges 36.14
5 Medicare wages and 10263		are tax withheld 1488.22	5 Med	dicare wages an	nd tips 36.14
d Control number 01871288 V68	Dept. Corp. SA08	Employer use only 13563	1	ntrol number 188 V68	Dept.
c Employer's name, ad	dress, and ZIP cod	le	c Em	ployer's name, a	address,
SAP AMERICA 3999 WEST CHI NEWTOWN SQL	ESTER PIKE	9073	399	P AMERICA 9 WEST CH NTOWN SQ	IESTE
b Employer's FED ID no 36-355604		yee's SSA number XXX-XX-8973	b Em	ployer's FED ID 36-355604	
7 Social security tips	8 Alloca	ted tips	7 Soc	ial security tips	;
9	10 Deper	ndent care benefits	9		
11 Nonqualified plans	12a C	121.68	11 Nor	nqualified plans	*************
14 Other 1656.00 HEAL 1140.86 CA SE		6170.70	14 Oth	ner 1656.00 HE 1140.86 CA	
1140.60 CA 3L	12c W	1200.00	1	1140.86 CA	(SDI
	12d AA	6170.70	1		
	13 Stat em	p. Ret. plan 3rd party sick pay			
e/f Employee's name, ad	dress and ZIP cod	le	e/f Em	ployee's name,	address
GUNEET SINGH 1675 S MILPITA MILPITAS, CA	S BLVD, AF	PT 445	167	NEET SING 5 S MILPIT PITAS, CA	AS BL
15 State Employer's sta CA 370-2974	te ID no. 16 State	wages, tips, etc. 97665.44	CA	- 1	state ID n
17 State income tax 5760	.55	wages, tips, etc.			60.55
19 Local income tax	20 Local	ity name	19 Lo c	cal income tax	

CA. State Filing

Copy

Wage and Tax

	.14		6363.44	
5 Medicare wages and t 102636		6 Medicare tax withheld 1488.22		
d Control number	Dept.	Corp.	Employer use only	
01871288 V68		SA08	13563	
c Employer's name, add	dress, an	d ZIP cod	le	
b Employer's FED ID nu				
	ımber	a Emplo	yee's SSA number	
36-3556041	ımber		XXX-XX-8973	
36-3556041		8 Alloca	XXX-XX-8973	
36-3556041 7 Social security tips		8 Alloca	XXX-XX-8973 ted tips	
36-3556041 7 Social security tips 9		8 Alloca 10 Deper	XXX-XX-8973 ted tips	
36-3556041 7 Social security tips 9 11 Nonqualified plans 14 Other 1656.00 HEAL	TH	8 Alloca	XXX-XX-8973 ted tips ident care benefits	
36-3556041 7 Social security tips 9 11 Nonqualified plans	TH DI	8 Alloca 10 Deper	XXX-XX-8973 ted tips ident care benefits 121.68	

1,488.22

Social Security Number: XXX-XX-8973

2 Federal income tax withheld

4 Social security tax withheld

15882.45

e/f Employee's name, address and ZIP code

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS. CA 95035

15 St		state ID no. 1	16 State	wages, tips, etc. 97665.44
17 St	ate income tax 57	60.55	18 Loca	l wages, tips, etc.
19 L c	ocal income tax		20 Local	lity name

City or Local Filing

Wage and Tax Statement

Statement Copy 2 to be filed with employee's State Income Tax Re Copy 2 to be filed with employee's City or Local Incor

2022 W-2 and EARNINGS SUMMARY

Employee	Ref	ere	ence	Сор	у		
\ \/\\	ige a		Tax	20	าวว		
Copy C for employee's record	Stateme	ent		OMB	No. 1545-0008		
d Control number	Dept.		Corp.	Emplo	yer use only		
01871288 V68		_	804		13564		
c Employer's name, ac		nd	ZIP cod	le			
3999 WEST CH		? F	PIKE				
NEWTOWN SQ	_			9073			
e/f Employee's name, address, and ZIP code							
GUNEET SINGH							
1675 S MILPITAS BLVD, APT 445							
MILPITAS, CA	9503	5					
b Employer's FED ID no 36-3556041		а	Emplo		A number KX-8973		
1 Wages, tips, other co	mp.	2	Federa	I income	tax withheld		
3 Social security wages	s	4	Social	security	tax withheld		
5 Medicare wages and	tips	6	Medica	re tax wi	thheld		
7 Social security tips		8	Allocat	ed tips			
9		10	Depen	dent care	benefits		
11 Nonqualified plans		12a	See inst	ructions fo	r box 12		
44 Other		12k	DD		6871.44		
14 Other		12c					
				Ret. plan	3rd party sick pay		
15 State Employer's sta	ate ID no	. 16	State v	/ages. tip	s. etc.		
		L			-,		
17 State income tax		18	Local v	vages, tip	os, etc.		
19 Local income tax		20	Localit	y name			
1 Wages, tips, other co	mp.	2	Federa	I income	tax withheld		
3 Social security wage:	s	4	Social	security	tax withheld		
5 Medicare wages and	tips	6	Medica	re tax wi	thheld		
d Control number 01871288 V68	Dept.		Corp. 408	Emplo	yer use only 13564		
c Employer's name, ac	dress a	_		le .	10004		
SAP AMERICA			000				
3999 WEST CH		R F	PIKE				

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

GUNEET SINGH 1675 S MILPITAS BLVD, APT 445 MILPITAS, CA 95035

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1 Wages, tips, other comp.	2 Federal income tax withheld	1 Wages, tips, other co	omp. 2 Fede	2 Federal income tax withheld	
3 Social security wages	4 Social security tax withheld	3 Social security wage	s 4 Soci	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and	tips 6 Medi	care tax withheld	
d Control number Dept. 01871288 V68	Corp. Employer use only SA08 13564	d Control number 01871288 V68	Dept. Corp. SA08	Employer use only 13564	
c Employer's name, address, ar SAP AMERICA INC 3999 WEST CHESTER NEWTOWN SQUARE,	PIKE	c Employer's name, ad SAP AMERICA 3999 WEST CH NEWTOWN SQI	INC ESTER PIKE		
b Employer's FED ID number 36-3556041	a Employee's SSA number XXX-XX-8973	b Employer's FED ID n 36-355604	umber a Emp	oyee's SSA number XXX-XX-8973	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Alloc	cated tips	
9	10 Dependent care benefits	9	10 Depo	endent care benefits	
1	12a See instructions for box 12 DD 6871.44	11 Nonqualified plans	12a D[6871.44	
i a outer	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat e	L Imp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and GUNEET SINGH 1675 S MILPITAS BLV MILPITAS, CA 95035	/D, APT 445	eff Employee's name, ac GUNEET SINGH 1675 S MILPITA MILPITAS, CA	I AS BLVD, A		
15 State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's sta	ate ID no. 16 State	e wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Loca	Il wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Loca	ality name	
Federal Filing Wage an Statemet Copy B to be filed with employee's Fede	nt	WW _ /	Statement	ax 2022	

1 Wages, tips, other c	omp.	2 Federa	I income tax withheld
3 Social security wag	es	4 Social	security tax withheld
5 Medicare wages and	d tips	6 Medica	are tax withheld
d Control number 01871288 V68	Dept.	Corp. SA08	Employer use only 13564
c Employer's name, a SAP AMERICA 3999 WEST CH NEWTOWN SQI	INC ESTER	PIKE	
b Employer's FED ID 36-355604 7 Social security tips		a Employ	yee's SSA number XXX-XX-8973
			<u> </u>
9		10 Depen	dent care benefits
11 Nonqualified plans		12a DD	6871.44
14 Other		12b	
		12c	
		12d	
		12d 13 Stat em	
e/f Employee's name, a	ddress an	13 Stat em	X
e/f Employee's name, a GUNEET SINGH 1675 S MILPITA MILPITAS, CA	I AS BLV	13 Stat em	e X
GUNEET SINGH	I AS BLV 95035	13 Stat em	г 445

20 Locality name

City or Local Filing Copy
Wage and Tax 20
Statement OMB No.
Copy 2 to be filed with employee's City or Local Income Tax Return

19 Local income tax

Social Security Number: XXX-XX-8973

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of vour tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You Box 12. The following list styplants rite codes shown in Box 12. The may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Peferrals under code H are limited to \$7,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

 $\mbox{\bf P-}\mbox{\bf Excludable}$ moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA - Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.