2022 W-2 and EARNINGS SUMMARY

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d Tax 2020			
ent 2017			
Corp. Employer use only			
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YAMV S 19097			
d ZIP code			
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nd ZIP code			
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A			
APT 11103			
0022			
a Employee's SSA number			
XXX-XY-0000			
2 Federal income tax withheld			
16896.13			
4 Social security tax withheld			
6 Medicare tax withheld			
8 Allocated tips			
10 Dependent care benefits			
12a See instructions for box 12			
12b			
12c			
12d			
13 Stat emp Ret plan 3rd party sick party			
. 16 State wages, tips, etc.			
96320.47			
18 Local wages, tips, etc.			
00.1			
20 Locality name			
2 Federal income tax withheld			
16896.13			
4 Social security tax withheld			

KEERTHANA R GANTA 900 JAMESON PASS, APT 11103 ALPHARETTA, GA 30022

Social Security Number: XXX-XX-0889

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O 2022 ADP, Inc.

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1 Wages, tips, other comp. 96320.47	10030.13	1 Wages, tips, other comp. 96320 . 47	2 Federal income tax withheld 16896.13	1 Wages, tips, other comp. 96320.4	
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	
d Control number Dept	YAMV 19097	d Control number Dep 0000013493 WRZ	t Corp. Employer use only YAMV 19097	d Control number De 0000013493 WRZ	pt. Corp. Employer use only YAMV 1909
c Employer's name, addres MORGAN STANLEY INC 750 7TH AVE 6TH NEW YORK, NY	Y SERVICES GROUP FLOOR	C Employer's name, address MORGAN STANLEY INC 750 7TH AVE 6TH NEW YORK, NY	SERVICES GROUP	c Employer's name, address MORGAN STANLE' INC 750 7TH AVE 6TH NEW YORK, NY	ss, and ZIP code Y SERVICES GROUP
b Employer's FED ID numbe 26-0116361 7 Social security tips	a Employee's SSA number XXX - XX - 0889 8 Allocated tips	b Employer's FED ID number 26-0116361 7 Social security tips	a Employee's SSA number XXX-XX-0889 8 Allocated tips	b Employer's FED ID numb 26-0116361 7 Social security tips	a Employee's SSA number XXX-XX-0889 8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pa
ef Employee's name, address and ZIP code KEERTHANA R GANTA 900 JAMESON PASS, APT 11103 ALPHARETTA, GA 30022		eff Employee's name, address KEERTHANA R GA 900 JAMESON PA: ALPHARETTA, GA	ANTA SS, APT 11103 . 30022	e/f Employee's name, address KEERTHANA R GA 900 JAMESON PAS ALPHARETTA, GA	ANTA SS, APT 11103 . 30022
15 State Employer's state ID GA 3206830-IZ	00020.47	범 GA 3206830-IZ	no. 16 State wages, tips, etc. 96320 . 47		D no. 16 State wages, tips, etc. 96320 . 47
17 State income tax 5055.55	18 Local wages, tips, etc.	17 State Income tax 5055.55		17 State income tax 5055.5	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	I 19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fill Wage Wage State Copy B to be filed with employee's	and LUZZ	IAI_2 Wag	Filing Copy e and Tax 2022 atement OMB No. 1545-0008 state Income Tax Return.	HIM-7 Wag	cal Filing Copy e and Tax 2022 ttement OMB No. 1545-0008 s City or Local Income Tax Relurn.