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W-2 Wage a State	OMB No. 1545-0008									
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Employer's name, address, and ZIP code SMARTWORKS LLC 16803 DALLAS PKWYSTE 300 ADDISON TX 75001										
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en Employee's name, address, SAILAJA CHAVALI 2142 EAST REDWOO GLENDORA CA 9174	OD DRIVE									
Employer's FED ID number 20-0037122	a Employee's SSA number XXX - XX - 0406									
1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94									
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Medicare wages and tips	6 Medicare tax withheld									

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

CA. State Wages, Wages, Tips, other Compensation Box 1 of W-2 Social Security Wages Box 3 of W-2 Medicare Wages Box 5 of W-2 Tips, Etc. Box 16 of W-2 13,760.00 13,760.00 13,760.00 13,760.00 Gross Pay Less Exempt Wages N/A 13,760.00 13,760.00 N/A Reported W-2 Wages 0.00 0.00 13,760.00 13,760.00

2. Employee Name and Address.

SAILAJA CHAVALI 2142 EAST REDWOOD DRIVE GLENDORA CA 91741

	- 10	F 1			-14					
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15 State CA | Employer's state ID no. 15 State wages, tips, etc. 282-3422 7 13760.00

Federal Filing Copy 2 Wage and Tax

Statement

18 Local wages, tips, etc.

17 State income tax 1278.97

19 Local income tax

© 2022 ADP, Inc.										
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1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94	1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94							
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5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld							
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	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick par							
e/f Employee's name, address ar	nd ZIP code	e/I Employee's name, address and ZIP code								
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3 Social security wages	4 Social security tax withheld									
5 Medicare wages and tips	6 Medicare tax withheld									
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17 State income tax 1278.97	18 Local wages, tips, etc.									
19 Local income tax	20 Locality name									
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W-2 Wage a State of Copy 2 to be filed with employee's State	ment 2022									

Department of the Treasury Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

OMB No. 1545-2251

Part I Employee							Applicable Large Employer Member (Employer)														
1 Name of employee (first name, middle initial, last name) SAILAJA CHAVALI 2 Social security number (SSN) ****-**-0406									7 Name of employer DELOITTE CONSULTING LLP 8 Employer identification number (E 06-1454513										er (EIN)		
3 Street address (including apartment no.) 2142 E REDWOOD DR									9 Street address (including room or suite no.) 4022 SELLS DRIVE 10 Contact telephon (212) 49									2-4705			
4 City or town GLENDORA 5 State or province CA					6 Countr	ry and ZIP or foreign po 91741-3954	HERMITAGE			12 State or province TN					13 Country and ZIP or foreign postal code 37076-2903						
Part II Employee Offer of Coverage						Employee's A				Plan Start Month (enter 2-											
100	All 12 Months Jan Feb		Mar	Apr	May	June July		Aug		Sept		Oct		Nov	D	Dec					
Cove	Offer of erage (enter ired code)			1A	1A	1A	1A	1A	14		1A		IA	1A		1A 1A		1A	1A		
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17 ZIP Code																					
Part III Covered Individuals If Employer provided self-insured coverage, check					check the	the box and enter the information for each individual enrolled in coverage, including the employee.															
		of covere	d Indi	vidual(s)	(b) SSN or					Feb		Apr	(e May	June	July	ge Aug	Sept	Oct	Nov	Dec	
18	SAILAJA		C	HAVALI	****_**	-0406			X	X	X	X	X	X	X	X	X	X	X	X	
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STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040

Official Business Penalty for Private Use, \$300

FIRST-CLASS MAIL PRESORTED U.S. POSTAGE PAID SACRAMENTO, CA PERMIT NO. 312



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

For Addressee Only

470016-G

գիկիներուկարգականիկովիկությունիայիցնե

SAILAJA CHAVALI 2142 E REDWOOD DR GLENDORA, CA 91741-3954

Copy B - For Recipient

Report of State Income Tax Refund From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040 RECIPIENT'S TIN XXX-XX-0406

3. Box 2 amount is for tax year

2021

2. State or local income tax refunds, credits, or offsets

\$1,502.00

OMB No. 1545-0120

2022 FORM 1099-G

PAYER'S TIN 68-0204061 RECIPIENT'S name

SAILAJA CHAVALI

IMPORTANT TAX DOCUMENT THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

INSTRUCTIONS FOR RECIPIENT

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2021 taxes.

IOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE EQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS AXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

or information on how to report the refund amount shown, please refer to the instructions in your state and federal tax booklets when filing your return. For information about this notice, call us at the appropriate telephone number listed below.

ephone: 800.852.5711 from within the United States

5.845.6500 from outside the United States

Y/TDD: 800.822.6268 for persons with hearing or speech impairments.



STATE OF CALIFORNIA

EARNED INCOME TAX CREDIT NOTIFICATION

In addition to the notice that appears on the reverse of the federal Form W-2 Wage and Tax Statement, California employers are required to notify all employees that they may be eligible for the federal and the California Earned Income Tax Credit (EITC) by giving them a separate notice. This notice must be given one week before, after, or at the same time that the employer provides an annual wage summary (Form W-2 or a Form 1099).

Employers can provide notification by handing directly to the employee or mailing to the employee's last known address either:

- Instructions on how to obtain any notices available from the Internal Revenue Service and the Franchise Tax Board for this
 purpose, including, but not limited to, the IRS Notice 797 and information on the California EITC at the Web site
 www.ftb.ca.gov; or
- Any notice created by the employer, as long as it contains substantially the same language as the sample notice provided in the law – Assembly Bill No. 1847 / CHAPTER 294, Adopted September 12, 2016.

If it will assist you with employee notification, below is the language used in the sample notice in CA A 1847. You can either create your own statement to your employees or feel free to duplicate this form and distribute as appropriate.

California Employee:

"Based on your annual earnings, you may be eligible to receive the earned income tax credit from the federal government (federal EITC). The federal EITC is a refundable federal income tax credit for low-income working individuals and families. The federal EITC has no effect on certain welfare benefits. In most cases, federal EITC payments will not be used to determine eligibility for Medicaid, Supplemental Security Income, Food Stamps, low-income housing or most temporary assistance for needy families payments. Even if you do not owe federal taxes, you must file a federal tax return to receive the federal EITC. Be sure to fill out the federal EITC form in the federal income tax return booklet. For information regarding your eligibility to receive the federal EITC, including information on how to obtain the IRS Notice 797 or any other necessary forms and instructions, contact the Internal Revenue Service by calling 1-800-829-3676 or through its web site at www.irs.gov.

You also may be eligible to receive the California earned income tax credit (California EITC) starting with the calendar year 2015 tax return. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC form (FTB 3514). For information on the availability of the credit, eligibility requirements, and how to obtain the necessary California forms and get help filing, contact the Franchise Tax Board at 1-800-852-5711 or through its Web site at www.ftb.ca.gov."

About ADP

Powerful technology plus a human touch. Companies of all types and sizes around the world rely on ADP cloud software and expert insights to help unlock the potential of their people. HR. Talent. Benefits. Payroll. Compliance. Working together to build a better workforce. For more information, visit ADP.com.

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