								Fe	deral Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5	
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							Gross Wages 102800.0 Fxbl Benefits 406.8					
This information required to file a	tax return, a ne	gligence penal	lty or oth	er sanction ma		Group Term Adoption	Life		36.	.00 36.	00 36.00	
imposed on you i	f this income is	taxable and yo	ou fail to	report it.		Deferred Co	mp		(12844.0	00)		
Form W-2 Wage						Section 125			(1246.3	32) (1246.3	2) (1246.32)	
Copy C—For EMP	LOYEE'S RECOR	DS				Other Preta	x/Wage Lim	nit				
						W-2 Wages			89152	.48 101996.	48 101996.48	
D. CONTROL NUMBER				OMB NO. 15	45 0000	1. WAGES, TI	PS, OTHER CO			2. FEDERAL INCOME TA		
001045140101			2022		43-0006	89152.48			3	12373.60		
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER		3. SOCIAL SE	CURITY WAGE			4. SOCIAL SECURITY T		
13-3806691		292-95-0887						101996.4	3		6323.78	
C. EMPLOYER'S NAME, A	CONTRACTOR OF THE PROPERTY OF	ODE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
Blackrock Financial M	lanagement, Inc.							101996.4	8		1478.95	
40 East 52nd Street New York NY 10022						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
						9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions fo		
Sahaj		Shuk l a	1							C	36.00	
1 Milton Avenue						14. OTHER NY	Txbl Wage		39152.48	D W	12844.00 700.00	
Jersey City NJ 07307	,						FL		423.71	DD	7743.84	
USA											EMENT THIRD-PARTY	
F. EMPLOYEE'S ADDRESS	AND ZIP CODE									EMPLOYEE PLAN	SICK PAY	
	S STATE ID NUMBER	16. STATE WAGE			E INCOME T	AX	18. LOCAL W	VAGES, TIPS	ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	
NJ 133-806-	691/000		91098	.80								

D. CONTROL NUMBER 001045140101			2022	OMB	NO. 1545	8000-	1. WAGES, TI	PS, OTHER CO	MPENSATION 89152.48		2. FEDERAL INCOME TA	X WITHHELD 12373.60
B. EMPLOYER IDENTIFIC 13-3806691	ATION NUMBER (EIN)	A. EMPLOYEE'S : 292-95-0887	SOCIAL SEC	URITY NU	JMBER		3. SOCIAL SE	CURITY WAGE	s 101996.48		4. SOCIAL SECURITY TA	AX WITHHELD 6323.78
C. EMPLOYER'S NAME, A Blackrock Financial I	Management, Inc.						5. MEDICARE	WAGES AND	TIPS 101996.48		6. MEDICARE TAX WIT	HHELD 1478.95
40 East 52nd Street New York NY 10022							7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS	
							9.				10. DEPENDENT CARE E	BENEFITS
E. EMPLOYEE'S FIRST NA Sahaj	ME AND INITIAL	LAST NA Shukla				SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	36.00
1 Milton Avenue Jersey City NJ 0730 USA	7						14. OTHER NY	Txbl Wage FL	89152. 423.		D W DD	12844.00 700.00 7743.84
F. EMPLOYEE'S ADDRES	S AND ZIP CODE									1	13. STATUTORY RETIRED PLAN	REMENT X THIRD-PARTY SICK PAY
	's state id number -691/000	16. STATE WAGE	91098 91098		17. STATE IN	NCOME T	AX	18. LOCAL W	AGES, TIPS, ETC.	19. 1	LOCAL INCOME TAX	20. LOCALITY NAME

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

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001045140101	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMP 89	ENSATION 9152.48	2. FEDERAL INCOME T	AX WITHHELD 12373.60
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3806691	A. EMPLOYEE'S SOCIAL SE 292-95-0887	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	1996.48	4. SOCIAL SECURITY T	AX WITHHELD 6323.78
C. EMPLOYER'S NAME, ADDRESS, AND ZIP Blackrock Financial Management, Inc			5. MEDICARE	WAGES AND TIP 101	s 1996.48	6. MEDICARE TAX WI	THHELD 1478.95
40 East 52nd Street New York NY 10022			7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	
			9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Sahaj	LAST NAME Shukla	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	36.00
1 Milton Avenue Jersey City NJ 07307			14. OTHER N	r Txbl Wage r FL	89152.48 423.71	D W	12844.00 700.00 7743.84
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							REMENT X THIRD-PARTY
15. STATE EMPLOYER'S STATE ID NUMBE NJ 133-806-691/000	R 16. STATE WAGES, TIPS, 9109		TAX	18. LOCAL WAG	ES, TIPS, ETC. 19). LOCAL INCOME TAX	20. LOCALITY NAME

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

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMB 001045140101	BER	202	OMB	NO. 1545-0008	1. WAGES, T	PS, OTHER CC	MPENSATION 89152.48		2. FEDERAL INCOME TA	XX WITHHELD 12373.60
B. EMPLOYER IDEN	ITIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	L SECURITY NU	IMBER	3. SOCIAL SE	CURITY WAG	ES		4. SOCIAL SECURITY T.	AX WITHHELD
13-3806691		292-95-0887					101996.48			6323.78
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WIT	'HHELD
Blackrock Financ	cial Management, Inc.						101996.48			1478.95
40 East 52nd St New York NY 10					7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS	
					9.				10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIR:	ST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions fo	r box 12
Sahaj		Shukla							С	36.00
1 Milton Avenue					14. OTHER NY	CT 1.1.140	89152		D	12844.00
Jersev City NJ 0									W	700.00
USA	7/30/				NY.	FL	423	.71	DD	7743.84
	DRESS AND ZIP CODE								13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY
	LOYER'S STATE ID NUMBER	16. STATE WAGES, TIP	DC FTC	17. STATE INCOME T	AV	10 LOCAL W	AGES, TIPS, ETC.	10	LOCAL INCOME TAX	20. LOCALITY NAME
participation of the second se	-806-691/000		1098.80	17. STATE INCOME I	AX	18. LUCAL W	rages, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME

								90	ay.o.oo			
									Federal B	iox 1	Soc. Sec. Box 3 &	k 7 Medicare Box 5
To the r	right is an	explanation of y	vour W=2 wage	ec.			Gross Wage	25				
		he Gross amour			nents.		Txbl Benefit					
						Service. If you are	Group Term	ı Life				
		tax return, a ne this income is					Adoption Deferred Co					
Form W	/-2 Wage a	ind Tax Stateme	ent 2022				Section 125	•				
		OYEE'S RECOR					Other Preta		mit			
							W-2 Wages					
D. CONTROL 001045140				2022	OME	B NO. 1545-0008	1. WAGES, TI	IPS, OTHER (COMPENSATION	T	2. FEDERAL INCOME TA	X WITHHELD
		TION NUMBER (EIN)	A. EMPLOYEE'S	2022 SOCIAL SEC			3. SOCIAL SE	CURITY WA	GES	\dashv	4. SOCIAL SECURITY TA	AX WITHHELD
13-380669	1		292-95-0887		-	N. Thereson						The second secon
COLUMN DESCRIPTION OF THE PROPERTY OF THE PROP		DDRESS, AND ZIP Canagement, Inc.					5. MEDICARE	WAGES AN	D TIPS		6. MEDICARE TAX WITH	HHELD
40 East 52r New York N	nd Street	mager					7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS	
New IOIK IN	11 10022						9.				10. DEPENDENT CARE B	DENIFEITE
							9.				10. DEPENDENT CARE D	3ENEFII5
E. EMPLOYEE Sahaj	E'S FIRST NAM	ME AND INITIAL	LAST NA Shukla			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions for	r box 12
Sanaj 1 Mi l ton Av	venue		JIIUNIO	3			14. OTHER			\dashv		
Jersey City USA												
	TIC ADDRESS	**ID ZID CODE								1	13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY
15. STATE	EMPLOYER'S	AND ZIP CODE STATE ID NUMBER	16. STATE WAGE			17. STATE INCOME T		18. LOCAL	WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME
NY	13380669	1		89152	2.48		4921.98					
D. CONTROL	NUMBER				000000		1. WAGES, T	IPS, OTHER	COMPENSATION	_	2. FEDERAL INCOME TA	X WITHHELD
001045140	0102			2022		B NO. 1545-0008	101					
B. EMPLOYER 13-380669:		TION NUMBER (EIN)	A. EMPLOYEE'S : 292-95-0887	SOCIAL SEC	CURITY	NUMBER	3. SOCIAL SE	CURITY WA	GES		4. SOCIAL SECURITY TA	4X WITHHELD
C. EMPLOYER	R'S NAME, AE	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AN	ID TIPS		6. MEDICARE TAX WITI	HHELD
Blackrock F 40 East 52r		anagement, Inc.					7. SOCIAL SEC	CLIDITY TIPS		-	8. ALLOCATED TIPS	
New York N							7. SUCIME SEC	Unit tirs			8. ALLOCATED TIFS	
							9.				10. DEPENDENT CARE B	BENEFITS
E. EMPLOYEE	E'S FIRST NAM	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d	
Sahaj			Shukla									
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_							14. OTHER				12 STATUTORY RETIR	FMENT THIRD-PARTY
1 Milton Av Jersey City USA F. EMPLOYEE	/ NJ 07307	AND ZIP CODE		FS TIDS E	TC	T 47 CTATE INCOME T		10 10(4)	WAGES TIDS FTC		EMPLOYEE PLAN	
1 Milton Av Jersey City USA F. EMPLOYEE	/ NJ 07307	STATE ID NUMBER		ES, TIPS, E 89152		17. STATE INCOME T		18. LOCAL	WAGES, TIPS, ETC.		13. STATUTORY RETIRE PLAN LOCAL INCOME TAX	REMENT THIRD-PARTY SICK PAY 20. LOCALITY NAME
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY	NJ 07307 E'S ADDRESS EMPLOYER'S 13380669	STATE ID NUMBER	16. STATE WAGE	89152	2.48		AX	18. LOCAL	970 99	19.	EMPLOYEE PLAN	SICK PAY
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY	e's ADDRESS EMPLOYER'S 13380669	STATE ID NUMBER	16. STATE WAGE	89152	2.48		AX 4921.98	18. LOCAL	970 99	19.	EMPLOYEE PLAN	20. LOCALITY NAME
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL	e's ADDRESS i EMPLOYER'S 13380669 Be Filed Wi -2 Wage	S STATE ID NUMBER 91 ith Employee's	16. STATE WAGE	89152 Local Inc	2.48 come T	Tax Return	AX 4921.98 2022		970 99	19.	EMPLOYEE PLAN	20. LOCALITY NAME
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL 001045140	e's ADDRESS. EMPLOYER'S 13380669 Be Filed Wi -2 Wage NUMBER D102	S STATE ID NUMBER 91 ith Employee's	16. STATE WAGE	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008	AX 4921.98 2022	IPS, OTHER (Department of	19.	EMPLOYEE PLAN LOCAL INCOME TAX ne Treasury - Interi	20.LOCALITY NAME nal Revenue Service
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL 001045140 B. EMPLOYEE 13-380669	r NJ 07307 E'S ADDRESS. EMPLOYER'S 13380669 Be Filed Wi -2 Wage NUMBER 0102 R IDENTIFICAT	S STATE ID NUMBER Ith Employee's: and Tax S	16. STATE WAGE State, City, or I statement A. EMPLOYEE'S: 292-95-0887	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008	4921.98 2022 1. WAGES, TI 3. SOCIAL SEG	IPS, OTHER C	Department of COMPENSATION	19.	EMPLOYEE PLAN LOCAL INCOME TAX The Treasury - Interior 2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA THE PLAN TO PLAN	20.LOCALITY NAME nal Revenue Service IX WITHHELD AX WITHHELD
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1 Milton Av Jersey City USA 1 STATE NY Copy 2-To B FORM W- D. CONTROL 001045140 D. EMPLOYEE 13-380669 C. EMPLOYEE Blackrock F Blackrock F 40 East 52r	r NJ 07307 E'S ADDRESS. EMPLOYER'S 13380669 Be Filed Wi -2 Wage NUMBER 1102 RI IDENTIFICAT 11 R'S NAME, AE Filandial AE and Street	S STATE ID NUMBER Ith Employee's: and Tax S	State, City, or Litatement A. EMPLOYEE'S: 292-95-0887	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008	4921.98 2022 1. WAGES, TI 3. SOCIAL SEG	IPS, OTHER C CURITY WA	Department of COMPENSATION	19.	EMPLOYEE PLAN LOCAL INCOME TAX The Treasury - Interior 2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA THE PLAN TO PLAN	20.LOCALITY NAME nal Revenue Service IX WITHHELD AX WITHHELD
1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL 001045140 B. EMPLOYEE 13-3806693 13-3806693 C. EMPLOYER Blackrock F	r NJ 07307 E'S ADDRESS. EMPLOYER'S 13380669 Be Filed Wi -2 Wage NUMBER 1102 RI IDENTIFICAT 11 R'S NAME, AE Filandial AE and Street	S STATE ID NUMBER Ith Employee's : and Tax S TION NUMBER (EIN) DDRESS, AND ZIP C	State, City, or Litatement A. EMPLOYEE'S: 292-95-0887	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008	4921.98 2022 1. WAGES, TI 3. SOCIAL SEC	IPS, OTHER C CURITY WA	Department of COMPENSATION	19.	EMPLOYEE PLAN LOCAL INCOME TAX Te Treasury - Intern 2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA 6. MEDICARE TAX WITH 8. ALLOCATED TIPS	20.LOCALITY NAME nal Revenue Service IX WITHHELD AX WITHHELD
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1 Milton Av Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL 001045140 B. EMPLOYEE 13-380669 C. EMPLOYEE 40 East 52r New York N E. EMPLOYEE Sahaj 1 Milton Av Jersey City	NJ 07307 E'S ADDRESS. EMPLOYER'S 13380669 Be Filed Wit 2 Wage NUMBER 1102 NUMBER 1101 R'S NAME, AG Financial Ma 104 Street 1Y 10022 E'S FIRST NAM venue	S STATE ID NUMBER 01 ith Employee's: a and Tax S TION NUMBER (EIN) DDRESS, AND ZIP C anagement, Inc.	A. EMPLOYEE'S: 292-95-0887	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008 NUMBER	AX 4921.98 2022 1. WAGES, TI 3. SOCIAL SEC 5. MEDICARE 7. SOCIAL SEC	IPS, OTHER (CURITY WA WAGES AN	Department of COMPENSATION GES	19.	EMPLOYEE PLAN LOCAL INCOME TAX The Treasury - Interior 2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA 6. MEDICARE TAX WITH 8. ALLOCATED TIPS 10. DEPENDENT CARE E	20.LOCALITY NAME nal Revenue Service IX WITHHELD AX WITHHELD
1 Milton AV Jersey City USA F. EMPLOYEE 15. STATE NY Copy 2-To B FORM W- D. CONTROL 001045140 B. EMPLOYER 13-380669 C. EMPLOYER 40 East 52r New York N E. EMPLOYER Sahaj 1 Milton AV Jersey City USA	r NJ 07307 E'S ADDRESS, EMPLOYER'S 13380669 Be Filed Wi -2 Wage NUMBER 10102 R IDENTIFICAT 11 FIS NAME, AL FINANCE, AL FI	S STATE ID NUMBER (III) III Employee's: A and Tax S TION NUMBER (EIN) DDRESS, AND ZIP C anagement, Inc.	A. EMPLOYEE'S: 292-95-0887	89152 Local Inc	2.48 come 1	Tax Return B NO. 1545-0008 NUMBER	AX 4921.98 2022 1. WAGES, TI 3. SOCIAL SEE 7. SOCIAL SEE 9.	IPS, OTHER (CURITY WA WAGES AN	Department of COMPENSATION GES	19.	EMPLOYEE PLAN LOCAL INCOME TAX THE Treasury - Interior 2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA 6. MEDICARE TAX WITH 8. ALLOCATED TIPS 10. DEPENDENT CARE E 12.a-d 13. STATUTORY RETIR	20.LOCALITY NAME 20.LOCALITY NAME nal Revenue Service XX WITHHELD AX WITHHELD THHELD REMENT IX THIRD-PARTY
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Jersey City NJ 07307 USA

13. STATUTORY RETIREMENT THIRD-PARTY EMPLOYEE PLAN SICK PAY F. EMPLOYEE'S ADDRESS AND ZIP CODE

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