	Employee Refe	erence	Сору					
W-	n Wage a	nd Tax	ົ່ງດາງ					
	Stateme	ent	ZUZZ					
	employee's records.		OMB No. 1545-0008					
	ol number Dept.	Corp.	Employer use only					
220357	CLI2/BHC 007700		T					
	oyer's name, address, a							
	BROOKLYN HO	SPITA	L					
	CENTER	<b>AT A</b>						
	255 DUFFIELD BROOKLYN NY							
	SROUKLIN NI	1120	l					
			Batch #01544					
e/f Emplo	e/f Employee's name, address, and ZIP code							
PRAD	EEP KUMAR D	EVAR	AKONDA					
	ASHINGTON A							
APT E		V <b>L</b> .						
	KLYN NY 1120	E						
	Ver's FED ID number	-	oyee's SSA number					
b Emplo	11-1630755	a Empl	XXX-XX-3268					
1 Wage	s, tips, other comp.	2 Feder	al income tax withheld					
	39746.35		4936.03					
3 Socia	security wages	4 Socia	I security tax withheld					
	39804.45	2467.88						
5 Medic	are wages and tips 39804.45	6 Medicare tax withheld 577.16						
7 Social	39804.45 security tips	8 Allocated tips						
, Social	security tips	O AIIOCA	ateu tips					
9		10 Deper	dent care benefits					
11 Nonqu	ualified plans	12a See in C	structions for box 12 38.64					
14 Other		12b	50.04					
14 Other	16.80 SDI	12c						
	202.95 NY PFL	12d	an Dat alan bud aanto -!-!					
	58.10 LEGSR	13 Stat en	np. Ret. plan 3rd party sick p					
15 State	Employer's state ID no	. 16 State	wages, tips, etc.					
NY	11-1630755		39746.35					
17 State	income tax	18 Local wages, tips, etc.						
	1975.05	39746.35						
19 Local	income tax 1405.46	20 Locality name NYC RES						
	1405.40	NTC RES						

# 2022 W-2 and EARNINGS SUMMARY



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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages Tips, Etc. Box 16 of W-2	s, NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	39,765.81	39,765.81	39,765.81	39,765.81	39,765.81
Plus GTL (C-Box 12)	38.64	38.64	38.64	38.64	38.64
Less Misc. Non Taxable Com	p. 58.10	N/A	N/A	58.10	58.10
Reported W-2 Wages	39,746.35	39,804.45	39,804.45	39,746.35	39,746.35

2. Employee Name and Address.

## PRADEEP KUMAR DEVARAKONDA 250 WASHINGTON AVE. APT B-2 BROOKLYN NY 11205

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1 Wages, tips, other comp. 39746.35	2 Federal income tax withheld 4936.03	1 Wages, tips, other comp. 39746.35	2 Federal income tax withheld 4936.03	1 Wages, tips, other comp. 39746.35	2 Federal income tax withheld 4936.03	
3 Social security wages 39804.45	4 Social security tax withheld 2467.88	3 Social security wages 39804.45	4 Social security tax withheld 2467.88	<sup>3</sup> Social security wages 39804.45	4 Social security tax withheld 2467.88	
5 Medicare wages and tips 39804.45	6 Medicare tax withheld 577.16	5 Medicare wages and tips 39804.45	6 Medicare tax withheld 577.16	5 Medicare wages and tips 39804.45	6 Medicare tax withheld 577.16	
d         Control number         Dept.           220357         CLI2/BHC         007700	Corp. Employer use only T	d         Control number         Dept.           220357         CLI2/BHC         007700	Corp. Employer use only T	d Control number Dept. 220357 CLI2/BHC 007700	Corp. Employer use only	
			C Employer's name, address, and ZIP code		C Employer's name, address, and ZIP code	
BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST 3RD FL BROOKLYN NY 11201		BROOKLYN HO CENTER 255 DUFFIELD BROOKLYN NY	SPITAL ST 3RD FL	BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST 3RD FL BROOKLYN NY 11201		
b Employer's FED ID number 11-1630755	a Employee's SSA number XXX-XX-3268	b Employer's FED ID number 11-1630755	a Employee's SSA number XXX-XX-3268	b Employer's FED ID number 11-1630755	a Employee's SSA number XXX-XX-3268	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	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 C 38.64	11 Nonqualified plans	<sup>12a</sup> C 38.64	11 Nonqualified plans	<sup>12a</sup> C 38.64	
14 Other	12b	14 Other	12b	14 Other	12b	
16.80 SDI	12c	16.80 SDI	12c	16.80 SDI	12c	
202.95 NY PFL 58.10 LEGSR	12d	202.95 NY PFL 58.10 LEGSR	12d	202.95 NY PFL 58.10 LEGSR	12d	
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa	
e/f Employee's name, address a		e/f Employee's name, address and ZIP code		e/f Employee's name, address and ZIP code		
PRADEEP KUMAR DEVARAKONDA 250 WASHINGTON AVE. APT B-2 BROOKLYN NY 11205		PRADEEP KUMAR DEVARAKONDA 250 WASHINGTON AVE. APT B-2 BROOKLYN NY 11205		PRADEEP KUMAR DEVARAKONDA 250 WASHINGTON AVE. APT B-2 BROOKLYN NY 11205		
15         State         Employer's state ID no.         16 State wages, tips, etc.           NY         11-1630755         39746.35		15         State         Employer's state ID no.         16         State wages, tips, etc.           NY         11-1630755         39746.35		15         State         Employer's state ID no.         16         State wages, tips, etc.           NY         11-1630755         39746.35		
17 State income tax 1975.05	18 Local wages, tips, etc. 39746.35	17 State income tax 1975.05	<sup>18</sup> Local wages, tips, etc. <b>39746.35</b>	17 State income tax 1975.05	18 Local wages, tips, etc. 39746.35	
<sup>19</sup> Local income tax <b>1405.46</b>	20 Locality name NYC RES	19 Local income tax 1405.46	20 Locality name NYC RES	19 Local income tax 1405.46	20 Locality name NYC RES	
Federal Filing Copy		NY.State Filing Copy		City or Local Filing Copy		
W-2 Wage and Tax 2022 Statement OMB No. 1545-0008 Copy B to be filed with employee's Federal Income Tax Return.		W-2 Wage a Stateme		W-2 Wage a Stateme Copy 2 to be filed with employee's City	nd Tax 2022 ent OMB No. 1545-0008 or Local Income Tax Return.	

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 your 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 made a deferral and a distribution in the same 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 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. Deferrals under code H are limited to \$7,000.

Adv (a)(1) 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

 ${\bf G-}Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan$ 

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.

 $\ensuremath{\textbf{L-Substantiated}}$  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 instructions.

P-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) Audpluin Expenses, to figure any taxable and toffaxable andount of the social security wage base), and 5). See Taxable and Nontaxable Income, for reporting requirements.
 W – Employer contributions (including amounts the employee contribute using a section 125 (cafeteria) plan) to your health account. Report on Form 8889, Health Savings Accounts (H'Y – Deferrals under a section 409A nonqualified deferred comper Z – Income under a nonqualified deferred compensation plan satisfy section 409A. This amount is also included in box 1. It to an additional 20% tax plus interest. See the Form 1040 ins AA – Designated Roth contributions under a section 403(b) p

DD-Cost of employer-sponsored health coverage. The amore ported with code DD is not taxable.

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

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

**GG**—Income from qualified equity grants under section 83(i) **HH**—Aggregate deferrals under section 83(i) elections as of of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits to the amount of traditional IRA contributions you may deduct 590-A, Contributions to Individual Retirement Arrangements ( **Box 14.** Employers may use this box to report information su state disability insurance taxes withheld, union dues, uniform health insurance premiums deducted, nontaxable income, et assistance payments, or a member of the clergy's parsonag and utilities. Railroad employers use this box to report railroar retirement (RRTA) compensation, Ti tax, Tier 2 tax, Med and Additional Medicare Tax. Include tips reported by the en the employer in railroad retirement (RRTA) compensation.

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

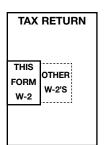
Department of the Treasury - Internal Revenue Ser

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

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

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