								Federal Box	1	Soc. Sec. Box 3 8	. 7 Me	edicare Box 5
To the right is an Please note that				ents.		Gross Wage		9944	5.06	99445.	06	99445.06
This information required to file a	tax return, a ne	gligence penal	ty or othe	er sancti	on may be	Group Term Life 48.: Adoption			3.10	48.	10	48.10
	imposed on you if this income is taxable and you fail to report it.						mp	(9944				
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Section 125 Other Preta	x/Wage Limit	(3635	.43)	(3635.4	3)	(3635.43)
						W-2 Wages	,	8591	3.25	95857.	73	95857.73
D. CONTROL NUMBER 000806019601	2022 OMB NO. 1545-00				0. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 85913.25			2. FEDI	2. FEDERAL INCOME TAX WITHHELD 11668.86		
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUM	IBER	3. SOCIAL SE	CURITY WAGES		4. SOC	IAL SECURITY TA	XX WITHHEI	LD
39-1864073		XXX-XX-9156					9585	7.73			594	3.18
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MED	ICARE TAX WIT	HHELD	
Centene Managemen	t Company LLC						9585	7.73			1389	9.94
7700 Forsyth Blvd St. Louis MO 63105						7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS						
						9.			10. DEP	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAI Ajay Shankar	ME AND INITIAL	LAST NA Arumu			SUFF.	11. NONQUAL	FIED PLANS			See instructions fo C	r box 12	48.10
9155 Judicial Drive APT NO 5510										D DD 331.62 DD		9944.48 10170.75
San Diego CA 92122 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STAT	TUTORY RETIR	REMENT X	THIRD-PARTY SICK PAY	
15. STATE EMPLOYER O06-9223	S STATE ID NUMBER 8-6	16. STATE WAGE	75938.		7. STATE INCOME T	4416.97	18. LOCAL WAGES, 1	TIPS, ETC. 1	19. LOCAL	INCOME TAX	20. LOCAL	ITY NAME

D. CONTROL NUM 000806019601	BER			OMB NO.	1545-0008	1. WAGES, TI	IPS, OTHER COMPENSA 85913		2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD 11668.86		
B. EMPLOYER IDEN	ITIFICATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECUE	RITY NUMBI	ER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
39-1864073 XXX-XX-9156						95857.73				5943.18		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS		6. MEDICARE TAX WI	THHELD		
Centene Management Company LLC							95857	7.73		1389.94		
7700 Forsyth Blvd St. Louis MO 63105						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIR	ST NAME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Ajay Shankar		Arumu	gam						С	48.10		
9155 Judicial D	rive					14. OTHER CA	SDI	931.6	D D	9944.48		
APT NO 5510	iive					MAPFML 39.47			עט ן	10170.75		
San Diego CA 9	2122					1.12	ALT I'LL	33.4				
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETURN PLAN	REMENT X THIRD-PARTY SICK PAY			
15. STATE EMP	LOYER'S STATE ID NUMBER	16. STATE WAGE	S, TIPS, ETC	. 17. 5	STATE INCOME 1	AX	18. LOCAL WAGES, T	IPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
CA 006	-9223-6		75938.7	8		4416.97						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			OM	1B NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA		2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD		
000806019	9601	4	2022	10.0 0000		85913	.25		11668.86		
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOC	CIAL SECURITY	NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
39-1864073 XXX-XX-9156						95857.73			5943.18		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP (ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	THHELD		
	lanagement Company LLC					95857	.73		1389.94		
7700 Forsyth Blvd St. Louis MO 63105						CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME	E	SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Ajay Shan	ıkar	Arumuga	m					С	48.10		
9155 Judicial Drive APT NO 5510 San Diego CA 92122					14. OTHER CA SDI 931.62 MAPFML 39.47			00			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY		
15. STATE CA	EMPLOYER'S STATE ID NUMBER	,	TIPS, ETC. 75938.78	17. STATE INCOME T	AX 4416.97	18. LOCAL WAGES, T	IPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			OM	IB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSAT		2. FEDERAL INCOME TA			
000806019	9601	2022		15 110. 15 15 0000	85913.25			11668.86			
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SO	DCIAL SECURITY	NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
39-1864073 XXX-XX-9156						95857.	73		5943.18		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
	anagement Company LLC			95857.	73		1389.94				
7700 Forsyth Blvd St. Louis MO 63105						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAN	ΜE	SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12			
Ajay Shanl	kar	Arumug	jam					С	48.10		
9155 Judio	aial Duive				14. OTHER CA	CDI	021.62	D	9944.48		
APT NO 55					-		931.62	עט ן	10170.75		
					MA	APFML	39.47				
San Diego CA 92122 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES	S, TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIP	S, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME		
CA	006-9223-6		75938.78		4416.97						

								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5			
								rederal Box 1	Soc. Sec. Box 3 &	/ Medicare box 5			
		xplanation of y				Gross Wage	!S						
Please	note that the	e Gross amour	it may include	adjustm	ients.	Txbl Benefits							
This inf	ormation is	being furnishe	d to the Inter	nal Reve	nue Service. If you are	Group Term Life							
require	d to file a ta	x return, a neg	gligence penal	ty or oth	er sanction may be	Adoption							
impose	d on you if t	his income is t	axable and yo	ou fail to	report it.	Deferred Co	omp						
Form W	/-2 Wage an	d Tax Stateme	nt 2022			Section 125							
		YEE'S RECORI					x/Wage Limit						
						W-2 Wages	,						
D. CONTROL	NUMBER				OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS	ATION	2. FEDERAL INCOME TAX	X WITHHELD			
000806019	9602			2022	OIVIB INO. 1545-0008								
	EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	X WITHHELD			
39-186407	73		XXX-XX-9156										
C. EMPLOYE	R'S NAME, ADD	DRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	HHELD			
		Company LLC											
7700 Forsy St. Louis M						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS				
Jt. Louis i	10 03103												
						9.			10. DEPENDENT CARE B	ENEFITS			
	E'S FIRST NAME	AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	box 12			
Ajay Shan			Arumu	gam									
9155 Judio APT NO 55						14. OTHER							
San Diego													
USA									13. STATUTORY RETIR	EMENT X THIRD-PARTY			
	E'S ADDRESS AT		AC CTATE WACE	C TIDE F	FC 47 CTATE INCOME	TAY.	40 10041 144055	TIDE FTC 40	EMPLOYEE PLAN	SICK PAY			
15. STATE MA	391-864-07	STATE ID NUMBER 73*07*	10. STATE WAGE	S, 11PS, E 9974		456.19	18. LOCAL WAGES,	HPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME			
	331 004-07	. 5 5,		3374		730.13							

D. CONTROL 000806019		2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	X WITHHELD		
B. EMPLOYE 39-186407	ER IDENTIFICATION NUMBER (EIN) 73	A. EMPLOYEE'S SOCIAL SEC XXX-XX-9156	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
Centene M	ER'S NAME, ADDRESS, AND ZIP C lanagement Company LLC	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	HHELD		
7700 Forsy St. Louis M				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
				9.		10. DEPENDENT CARE BENEFITS			
E. EMPLOYE Ajay Shan	EE'S FIRST NAME AND INITIAL Ikar	LAST NAME Arumugam	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
9155 Judio APT NO 55	510			14. OTHER					
USA	CA 92122 EE'S ADDRESS AND ZIP CODE					13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE MA	EMPLOYER'S STATE ID NUMBER 391-864-073*07*	16. STATE WAGES, TIPS, E		TAX 456.19	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000806019602	2022	OMB NO. 1545-000	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDENTIFICATION NUMBER (E 39-1864073	N) A. EMPLOYEE'S SOCIAL SEC XXX-XX-9156	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TA	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZI	CODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	HHELD		
Centene Management Company LLG 7700 Forsyth Blvd St. Louis MO 63105	:		7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
			9.		10. DEPENDENT CARE E	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUF	. 11. NONQUA	LIFIED PLANS	12.a-d			
Ajay Shankar	Arumugam							
9155 Judicial Drive APT NO 5510 San Diego CA 92122			14. OTHER					
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETIF	THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMI MA 391-864-073*07*	ER 16. STATE WAGES, TIPS, E 9974		E TAX 456.19	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	L NUMBER				1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
000806019	9602	2022	OMB N	O. 1545-0008						
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	CURITY NUN	ИBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
39-186407	73	XXX-XX-9156								
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
	lanagement Company LLC									
7700 Forsy St. Louis M			7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
					9.			10. DEPENDENT CARE E	BENEFITS	
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	r box 12	
Ajay Shanl	kar	Arumugam								
9155 Judio APT NO 55	510				14. OTHER					
San Diego CA 92122 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIRED PLAN	THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E		7. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC	. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
MA	391-864-073*07*	9974	4.47		456.19					