		d Monag ting attende	manastias	2 Fadari'	and the white and	
OARB 1545-0008 COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return		1 Wages, tips, other compensation		2 Federal income tax withheld		
		41706.96		4545.00		
		3 Social security wages		4 Social security tax withheld		
a Employee's social security num	ber	5 Medicare wages and	tips	6 Medicare	tax withheld	
799-40-4964						
c Employer's name, address and	ZIP code					
MR SYSTEMS, LL 1185 BEAVER RU SUITE A NORCROSS GA 3	IN RO	DAD				
d Control Number	Departm	nent Corporation			Employer Use Only	
e Employee's name	nninvee's name					
NEHA KUMARI 10537 HOLLIWEL DULUTH GA 3009		9		.12a		
f Employee's address and ZIP Code				p D	\$ 2654.89	
b Employer identification number	(EIN)	10 Dependent care be	nefits	12b		
58-2119972				C C	\$ 9.00	
7 Social security tips		11 Nonqualified plans		12c	\$	
8 Allocated tips		14 Other LTD PREMIUM 104.71		12d	,\$	
13 Statutory employee Plan plan si	rd-party ck pay			12e	\$	
15 State Employer's st GA 1902810		mber 1	16 State wages, tips 41706.96	etc.	17 State income tax 1974.96	
18 Local wages, tips, etc.		1	19 Local income tax		20 Locality name	
200 - 190 -					N. 18 T. M. 17. 192. M. 18 P.	

FormW-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service

OMB# 1545-0008		1 Wages, tips, other compensation		2 Federal income tax withheld			
COPY B - To Be Filed With Employers FEDERAL Tax Return. This information is being furnished to the internal Revenue Service		41706.96 3 Social security wages		4545.00 4 Social security tax withheld			
							a Employee's social security num
799-40-4964							
c Employer's name, address and MR SYSTEMS, LL 1185 BEAVER RU SUITE A NORCROSS GA 3	.C IIN RO	AD					
d Control Number	Departme	ent Corporation			Employer Use Only		
NEHA KUMARI							
10537 HOLLIWEL DULUTH GA 3009 f Employee's address and ZIP Co)7	9		dog D	\$ 2654.89		
10537 HOLLIWEL DULUTH GA 3009)7	9 10 Dependent care b	enefits	12a D 12b COO ₂	\$ 2654.89 \$ 9.00		
10537 HOLLIWEL DULUTH GA 3009 f Employee's address and ZIP Co b Employer identification number	ode (EIN)			_c 12b			
10537 HOLLIWEL DULUTH GA 3009 f Employee's address and ZIP Co b Employer identification number 58-2119972 7 Social security tips 8 Allocated tips	ode (EIN)	10 Dependent care b		12b C C 12c	\$ 9.00		
10537 HOLLIWEL DULUTH GA 3009 f Employee's address and ZIP Co b Employer identification number 58-2119972 7 Social security tips 8 Allocated tips 12 Statutory Retrement this	ode (EIN)	10 Dependent care b 11 Nonqualified plans 14 Other		12b C C 12c	\$ 9.00 \$		
10537 HOLLIWEL DULUTH GA 3009 f Employee's address and ZIP Co b Employer identification number 58-2119972 7 Social security tips 8 Allocated tips 13 Statutory Referement time apployee plan time plan time.	ode (EIN) rd-party ick pay	10 Dependent care b 11 Nonqualified plans 14 Other LTD PREMIUM		12b C C C 12c C C C C C C C C C C C C C C C C C C C	\$ 9.00 \$		

Form W-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return		41706.96 3 Social security wages		4545.00 4 Social security tax withheld			
							a Employee's social security num 799-40-4964
c Employer's name, address and MR SYSTEMS, LL 1185 BEAVER RU SUITE A NORCROSS GA 3	.C IIN RO	DAD					
d Control Number	Departm	nent Corporation		Employer Use Only			
NEHA KUMARI 10537 HOLLIWELI DULUTH GA 3009		9		12a D			
f Employee's address and ZIP Co	-				\$ 2654.89		
b Employer identification number (EIN) 58-2119972		10 Dependent care b	enefits	12b C	ı\$ 9.00		
7 Social security tips 11 N		11 Nonqualified plans		12c	\$		
8 Allocated tips		14 Other LTD PREMIUM 104.71		12d	, \$		
13 Statutory Retirement this comployee plan si	rd-party ck pay			12e	\$		
GA Employer's st		mber 16 State wages, 41706.9		, etc.	17 State income tax 1974.96		
18 Local wages, tips, etc.			19 Local income tax		20 Locality name		

FormW-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service

COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee Below)		1 Wages, tips, other compensation		2 Federal income tax withheld			
		41706.96		4545.00			
					data in the second		
		3 Social security wages		4 Social security tax withheld			
a Employee's social security number			5 Medicare wages and tips		6 Medicare tax withheld		
799-40-4964							
c Employer's name							
MR SYST 1185 BEA SUITE A			DAD				
NORCRO	SS GA 3	0093					
d Control Number		Departm	ent	Corporation		Employer Use Only	
e Employee's name							
NEHA KU 10537 HO DULUTH	LLIWEL						
			9		12a		
f Employee's address and ZIP Code		do			B D	\$ 2654.89	
b Employer identifi			40 Canandani assa b	ft-	12b		
		(EIN)	10 Dependent care benefits			\$	9.00
58-211997	2				E C	1.20	9.00
7 Social security tips		11 Nonqualified plans		12c			
					D C	, \$	
8 Allocated tips			14 Other		12d		
		LTD PREMIUM 104.71		ğ	,\$		
13 Statutory Re employee	stirement thi	rd-party			120		
employee	plan si	ck psy			CO	, \$	
15 State	Employer's s	tate ID nur	nber	16 State wages, tips	. etc.	17 State incom	ne tax
GA	1902810-QF		41706.96		1974.96		
							
18 Local wages, tips, etc.		19 Local income ta		20 Locality name		me	

FormW-2 Wage and Tax Statement 2022 Department of the Treasury - Internal Revenue Service