FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you a required to file a tax return, a negligence penalty or other sanction may imposed on you if this income is taxable and you fail to report it. These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

FOLD AND TEAR ALONG PERFORATION

2. FEDERAL INCOME TAX WITHHELD

4. SOCIAL SECURITY TAX WITHHELD

6. MEDICARE TAX WITHHELD

10. DEPENDENT CARE BENEFITS

B. ALLOCATED TIPS

20861.50

9114.00

2317.44

1. WAGES, TIPS, OTHER COMPENSATION 153333.47

147000.00

159823.27

3. SOCIAL SECURITY WAGES

5. MEDICARE WAGES AND TIPS

7. SOCIAL SECURITY TIPS

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

FORM W-2 Wage and Tax Statement

Internal Revenue Service

EXPERIAN INFORMATION SOLUTIONS
475 ANTON BLVD BLDG D
COSTA MESA, CA 92626-7037

D. CONTROL NUMBER

31-1343192

B. EMPLOYER IDENTIFICATION NUMBER (EIN)

C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

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D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		2022	OMB NO. 1545 - 0008	B 1. WAGE	s, tips, other compensation 1	ON .53333.47	2 FEDERAL IN	NCOME TAX WITHHELD	20861.50	
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C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE EXPERIAN INFORMATION SOLUTIONS							CARE WAGES AND TIPS	59823.27	6. MEDICARE TAX WITHHELD 2317.44			
475 ANTON BLVD BLDG D						7. SOCIA	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
COSTA	A MESA,	CA 92020	-1031	Employee	Plan Sick Pay	9.			10. DEPENDEN	NT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.							11. NONQUALIFIED PLANS 12. a-d See Instructions for box 12.					
MANOJ KUMAR RED GOPU 10636 SMOKY OAK TRL ARGYLE, TX 76226 FEMPLOYEES AND ZIP CODE							14 OTHER			D 6489.80 C 93.08 DD 13817.32		
15. STATE			16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		B. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX 20. LOCALITY NAME			
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D. CONTROL	NUMBER	This information is being furnished to the Internal Revenue Service		ОМ	OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 153333.47			2. FEDERAL INCOME TAX WITHHELD 20861.50		
				EMPLOYEE'S SOCIAL SECURITY NUMBER 90-29-6813			3. SOCIAL SECURITY WAGES 147000.00			4. SOCIAL SECURITY TAX WITHHELD 9114.00		
c. employer's name, address, and zip code EXPERIAN INFORMATION SOLUTIONS							5. MEDICARE WAGES AND TIPS 159823.27			6. MEDICARE TAX WITHHELD 2317.44		
475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.			10. DEPENDE	ENT CARE BENEFITS		
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	ADDRESS AND ZIP C								13. Statutory Employee	Retirement Plan	Third-Party Sick Pay	
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D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		ОМ	OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 153333.47			2. FEDERAL INCOME TAX WITHHELD 20861.50		
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COSTA MESA, CA 92626-7037 E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME MANOJ KUMAR RED GOPU 10636 SMOKY							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE BENEFITS		
							11. NONQUALIFIED PLANS 14. OTHER			12. a-d See instructions for box 12 D 6489.80 C 93.08		
OAK TRL ARGYLE, TX 76226										DD	13817.32	
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OMB NO. 1545 - 0008

A. EMPLOYEE'S SOCIAL SECURITY NUMBER 090-29-6813