

Void <input type="checkbox"/>		a Employee's social security number 886-72-1109		OMB No. 1545-0008			
b Employer identification number (EIN) 87-4634369			1 Wages, tips, other compensation 15768.00		2 Federal income tax withheld 1164.00		
c Employer's name, address, and ZIP code METIZ TECHNOLOGIES LLC 9501 TARTAN RIDGE CT DUBLIN OH 43017-8929			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code PAVAN K GARIKAPATI 3745 CAPETIAN CT, APT #305 FAIRBORN OH 45324			11 Nonqualified plans		12a See instructions for box 12 e e e e e		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b e e e e e		
			14 Other		12c e e e e e		
					12d e e e e e		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
OH	54205814	15768.00	358.60		0.00	OH - Sc	

Form **W-2** Wage and Tax Statement
Copy D – For Employer

REV 01/17/23 QBDT

2022

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		Copy D – For Employer OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12 e e e e e		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b e e e e e		
			14 Other		12c e e e e e		
					12d e e e e e		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D – For Employer

REV 01/17/23 QBDT

2022

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.