							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5
to the right is an explanation of your in 2 mages.						es ts	152398.	28 152398.	28 152398.28
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.						ı Life	94.		58 94.68
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS					Deferred Co Section 125 Other Preta		(4571.9 (2100.9	•	., ,
					W-2 Wages	W-2 Wages 145820.02			
D. CONTROL NUMBER 000096979501	2022 OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 145820.02			2. FEDERAL INCOME TAX WITHHELD 24891.37			
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 94-3326476 690-97-5268				3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Exiservice.Com. LLC					5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD
10 Exchange Place Ste 2200					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
Jersey City NJ 07302					9. 10. DEPENDENT CARE BENEFITS			BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Abhiteja Achanta					11. NONQUALIFIED PLANS		12.a-d See instructions for box 12 C 94.68		
3213 Vine St Apt 3 Cincinnati OH 45220					14. OTHER			D DD	4571.98 7284.48
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYE 52-7239	R'S STATE ID NUMBER 951-1	16. STATE WAGE	145820.0	17. STATE INCOME	TAX 4872.72	18. LOCAL WAGES, T 150	IPS, ETC. 19 0392.00	LOCAL INCOME TAX 2707.04	20. LOCALITY NAME NRes - CincCityW/H

D. CONTROL N 0000969795				MB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 145820.02	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD 24891.37	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 690-97-5268					3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD			TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE EXISERVICE.Com, LLC						WAGES AND TIPS	THHELD		
10 Exchange Place Ste 2200 Jersey City NJ 07302						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
					9.		10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Abhiteja Achanta					11. NONQUAL	IFIED PLANS	12.a-d C	94.68 4571.98	
3213 Vine St Apt 3					14. OTHER		DD	7284.48	
Cincinnati OH 45220 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY EMPLOYEE		13. STATUTORY RET	RETIREMENT X THIRD-PARTY SICK PAY	
	EMPLOYER'S STATE ID NUMBER 52-723951 1		, TIPS, ETC. 145820.02	17. STATE INCOME	TAX 4872.72	18. LOCAL WAGES, TIPS, ETC. 150392.00	19. LOCAL INCOME TAX 2707.04	20. LOCALITY NAME NRes - CincCityW/H	

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000096979		2022	OMB N	IO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 145820.02	2. FEDERAL INC		HHELD 24891.37
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 690-97-5268					3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECU	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
Exiservice.Com, LLC 10 Exchange Place Ste 2200					7. SOCIAL SECURITY TIPS		8. ALLOCATED	8. ALLOCATED TIPS	
Jersey City NJ 07302						9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE Abhiteja	E'S FIRST NAME AND INITIAL	LAST NAME Achanta		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C		94.68
3213 Vine St Apt 3 Cincinnati OH 45220					14. OTHER		D DD		4571.98 7284.48
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY EMPLOYEE	RETIREMENT PLAN	THIRD-PARTY SICK PAY
15. STATE OH	EMPLOYER'S STATE ID NUMBER 52-723951 1		S, ETC. 1 320.02	.7. STATE INCOME T	AX 4872.72	18.LOCAL WAGES, TIPS, ETC. 150392.00			OCALITY NAME s - CincCityW/H

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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D. CONTROL	L NUMBER			1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD		
000096979	9501	2022	OMB NO. 1545-0008		145820.02		24891.37		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL S			RITY NUMBER 3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
94-332647	76	690-97-5268							
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
Exlservice.	.Com, LLC								
10 Exchan	ge Place			7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Ste 2200	/ NJ 07302								
Jersey City	1 10 07 302			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					IFIED PLANS	12.a-d See instructions fo			
Abhiteja		Achanta				С	94.68		
3213 Vine St				14. OTHER		D	4571.98		
Apt 3						DD	7284.48		
	OH 45220					13. STATUTORY RETI	REMENT THIRD-PARTY		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN			
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
ОН	52-723951 1	145820	0.02	4872.72	150392.00	2707.04	NRes - CincCityW/H		