									Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5	
to the right is an explanation of your trial ranges.							Gross Wage		72000.	00 72000.	72000.00	
mis mornation is being furnished to the internal Revenue Service. If you are							Group Term Adoption	Life	15.	84 15.	84 15.84	
imposed	u on you n	uns income is i	axable and yo	u iaii to	report it.		Deferred Co	mp	(1980.0	00)		
		nd Tax Stateme					Section 125	i	(3703.92) (37		2) (3703.92)	
Copy C-	For EMPL	OYEE'S RECORI	OS				Other Preta	x/Wage Limit		(68311.9	2) (68311.92)	
							W-2 Wages		66331.	.92		
D. CONTROL	NUMBER				OMB NO. 1	1545 0000	1. WAGES, TI	PS, OTHER COMPENS	SATION	2. FEDERAL INCOME TA	X WITHHELD	
000489801	1501			2022		1545-0008	66331.92			7357.44		
1010-2-04104-1-4040		ION NUMBER (EIN)	A. EMPLOYEE'S S	SOCIAL SEC	URITY NUMBER		3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD				AX WITHHELD	
58-196001	9		817-23-1756									
COLUMN TO SECURITION OF THE PARTY OF THE PAR		DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
AGCO Corp												
4205 River Duluth GA		cway					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE I	BENEFITS	
5 51401015	elo espor sussi	S LAIS MUTIL	110711			01155	44 1101101111	ISISS SI MAIS		40 1	Marina Garage	
Sai Vishwa		E AND INITIAL	LAST NA Bandal			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	r box 12 15.84	
			Danda	Kavi			14. OTHER			D	1980.00	
474 S Long Maize KS 6							14. OTHER			w	3199.92	
USA	77101									DD	5301.36	
F. EMPLOYEE	E'S ADDRESS A	AND ZIP CODE								13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S	STATE ID NUMBER	16. STATE WAGE	S, TIPS, E	TC. 17. STA	ATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
KS	03658196	0019F01		66331	.92		3130.00				***************************************	

D. CONTROL 000489801	and the contract of the contra	2022	OMB	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 66331.92		2. FEDERAL INCOME TA	X WITHHELD 7357.44
B. EMPLOYE 58-196001	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL S 817-23-1756	SOCIAL SECURITY NUMBER			CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
AGCO Corp 4205 River Duluth GA	Green Parkway				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
					9.		1	10. DEPENDENT CARE E	BENEFITS
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	1	12.a-d	
Sai Vishwa	nath	Bandakavi						С	15.84
474 C Lone	gbranch Dr				14. OTHER			D	1980.00
Maize KS 6						W	3199.92		
USA	37101							DD	5301.36
F. EMPLOYEE'S ADDRESS AND ZIP CODE							1	13. STATUTORY RETIR	THIRD-PARTY SICK PAY
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS	ETC.	17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. L	OCAL INCOME TAX	20. LOCALITY NAME
KS	036581960019F01	663	31.92		3130.00	500 50 100			

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000489801501	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 66331.92		2. FEDERAL INCOME TA	AX WITHHELD 7357.44
B. EMPLOYER IDENTIFICATION NUMBER (EIN 58-1960019	A. EMPLOYEE'S SOCIAL SEC 817-23-1756	URITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP AGCO Corporation	CODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD
4205 River Green Parkway Duluth GA 30096			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
			9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Sai Vishwanath	LAST NAME Bandakavi	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	15.84
474 S Longbranch Dr Maize KS 67101			14. OTHER			D W	1980.00 3199.92
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETI	5301.36 REMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBER 036581960019F01	R 16. STATE WAGES, TIPS, E 66331		AX 3130.00	18. LOCAL WAGES, TIPS, ET	C. 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			OMB NO	. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA		
000489801501		2022	OIVID IVO.	1343-0006		66331.92	7357.44		
B. EMPLOYER IDENTIFICATION NUM	ER (EIN) A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMB	ER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TA	AX WITHHELD	
58-1960019	817-23-1756	•							
C. EMPLOYER'S NAME, ADDRESS, A	ID ZIP CODE				5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD	
AGCO Corporation 4205 River Green Parkway Duluth GA 30096					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND IN	TAL LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	r box 12	
Sai Vishwanath	Banda	akavi					С	15.84	
474 C Lanaharan Da					14. OTHER		D	1980.00	
474 S Longbranch Dr Maize KS 67101					14. OTHER		W	3199.92	
USA							DD	5301.36	
F. EMPLOYEE'S ADDRESS AND ZIP C	DE						13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID	NUMBER 16. STATE WAG	ES, TIPS, ETC	C. 17.	STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
KS 036581960019F0:		66331.	92		3130.00				