## 2022 W-2 and EARNINGS SUMMARY

**Employee Reference Copy** Wage and Tax Statement OMB No. 1545-0008 Employer use only Control number Dept. 0000005780 W9H BC95 E S 2842 Employer's name, address, and ZIP code THE DEPOSITORY TRUST & CLEARING CORPORATION 18301 BERMUDA GREEN DR **TAMPA, FL 33647** e/f Employee's name, address, and ZIP code SHYAM SUNDAR MANI 18475 BRIDLE CLUB DRIVE **TAMPA, FL 33647** 

b Employer's FED ID number 13-4086405	a Employee's SSA number XXX-XX-3579			
1 Wages, tips, other comp.	2 Federal income tax withheld			
8040.46	1222.72			
3 Social security wages	4 Social security tax withheld			
8305.84	514.96			
5 Medicare wages and tips 8305.84	6 Medicare tax withheld 120.43			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C   14.96			
14 Other	12b D   265.38			
The second secon	12c W   277.00			
	12d DD   1093.13			
Salaran Salaran Million (1995) Salaran	13 Stat emp. Ret, plan 3rd party sick pay			
15 State Employer's state ID n	o. 16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus

adjustments made by your employer. SOCIAL SECURITY 514.96 GROSS PAY 8,861.12 TAX WITHHELD BOX 04 OF W-2 FED. INCOME MEDICARE TAX 120.43 1,222.72 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 0.00 SUI/SDI STATE INCOME TAX 0.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00

> To change your employee W-4 profile information file a new W-4 with your payroll department

SHYAM SUNDAR MANI 18475 BRIDLE CLUB DRIVE **TAMPA, FL 33647** 



1 Wages, tips, other comp.

3 Social security wages

8040.46

8305.84

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BOX 19 OF W-2

PAGE 1 OF 1

Wages, tips, other comp. 8040.46  Social security wages 8305.84  Medicare wages and tips 8305.84		2 Federa	il income tax withheld 1222.72	
		4 Social security tax withheld 514.96		
		6 Medica	are tax withheld 120.43	
d Control number 0000005780 W9H	Dept.	Corp. BC95	Employer use only E S 2842	

THE DEPOSITORY TRUST & CLEARING CORPORATION 18301 BERMUDA GREEN DR

**TAMPA, FL 33647** 

b Employer's FED ID number 13-4086405	a Employee's SSA number XXX-XX-3579			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See in	nstructions for box 12 14.96		
14 Other	<sup>12b</sup> D	265.38		
	12c W	277.00		
√- y 10	12d DD	1093.13		
	13 Stat emp	Ret. plan 3rd party sick pay		
e/f Employee's name, address	and ZIP o	ode		

SHYAM SUNDAR MANI 18475 BRIDLE CLUB DRIVE **TAMPA, FL 33647** 

15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name
			1	

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other c 8040		2 Federal income tax withheld 1222.72		
3 Social security wage 8305		4 Social security tax withheld 514.96		
5 Medicare wages and 8305		6 Medicare tax withheld 120.43		
d Control number 0000005780 W9H	Dept.	Corp. Employer use of BC95 E S 2842		

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THE DEPOSITORY TRUST & CLEARING CORPORATION

18301 BERMUDA GREEN DR **TAMPA, FL 33647** 

b Employer's FED ID number 13-4086405	a Employee's SSA number XXX-XX-3579		
7 Social security tips	8 Allocated tips		
4	10 Depe	ndent care benefits	
11 Nonqualified plans	12a	CONTRACTOR OF STREET	
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14 Other	12bD	265.38	
	12cW	277.00	
	12d DD	1093.13	
	13 Stat em	o. Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code SHYAM SUNDAR MANI 18475 BRIDLE CLUB DRIVE **TAMPA, FL 33647** 

15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

State Filing Copy Wage and Tax Statement

	8305	.84	sever The R		514.96			
5 Medicare	Medicare wages and tips 8305.84			6 Medicare tax withheld 120.43				
d Control	number	Dept.	Corp.	Employ	er use only			
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CORF 18301	PORATIO BERMU BERMU A, FL 33	ORY TR N DA GRE	UST & C		NG			
b Employe	er's FED ID 3-408640	number 05	a Emplo	yee's SS XXX-X	A number X-3579			
7 Social security tips			8 Allocated tips					
9			10 Depe	ndent car	e benefits			
11 Nonqua	lified plans		12a C	and the second	14.96			
14 Other			12b D	Defroi	265.38			
			12c W	18.00 PM.00	277.00			
			12d DD		1093.13			
			13 Stat em	p. Ret. plan	3rd party sick pa			
18475	ee's name, I SUNDA BRIDLE ( A, FL 336	R MA	NI					
15 State E	mployer's	state ID no	. 16 State	wages, ti	ps, etc.			
15 State E		state ID no		wages, ti				

or Local Filing Copy Wage and Tax

Statement

Social Security Number: XXX-XX-3579

2 Federal income tax withheld

4 Social security tax withheld

1222.72

514.96

Copy 2 to be filed with employee's State Income Tax Return.