							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5
	ht is an explanation of y te that the Gross amour			nents.	Gross Wage		90981.	11 90981.	90981.11
required t	mation is being furnishe to file a tax return, a ne	gligence penal	ty or oth	er sanction may be	Group Term Adoption	71 63.71			
imposed o	on you if this income is	report it.	Deferred Comp (7278.52)						
	Wage and Tax Stateme For EMPLOYEE'S RECORI				Section 125				
Сорус	OF ENTROTEE 5 RECORD	55				x/Wage Limit			
					W-2 Wages		83766.	30 91044.8	32 91044.82
D. CONTROL NU				OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA		2. FEDERAL INCOME TAX	
00198946340	2022					83766	.30		6820.39
1010-2-0410-30406-30910-00	DENTIFICATION NUMBER (EIN)		SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	00	4. SOCIAL SECURITY TA	
34-0526850		777-57-7240				91044	.82		5644.78
COLUMN TO SERVICE SERV	NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	00	6. MEDICARE TAX WITI	
Sherwin Willia	ams Company					91044	.82		1320.15
Cleveland OH					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
					9.			10. DEPENDENT CARE B	ENEFITS
E. EMPLOYEE'S Ajay R	FIRST NAME AND INITIAL	LAST NA Eega	ME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	box 12 63.71
750 Sylvan A #36 Mountain Vie		Lega			14. OTHER CA	A SDI	562.69	D	7278.52
USA	ADDRESS AND ZIP CODE							13. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD-PARTY SICK PAY
F-000000000000000000000000000000000000	MPLOYER'S STATE ID NUMBER 59-3240-3	16. STATE WAGE	83766		1606.00	18. LOCAL WAGES, TI	PS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME

D. CONTROL NUMBER 001989463401			2022	OMB N	10.	1545-0008	1. WAGES, T	PS, OTHER CC	MPENSATIO 83766.3			2. FEDERAL INCOME TA	AX WITHHELD 6820.39	
B. EMPLOYER IDENTIF	CATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUI	MBER		3. SOCIAL SE	CURITY WAG	ES			4. SOCIAL SECURITY TA	AX WITHHELD	
34-0526850		777-57-7240							91044.8	2		5644.78		
C. EMPLOYER'S NAME	ADDRESS, AND ZIP O	ODE					5. MEDICARE	WAGES AND	TIPS			6. MEDICARE TAX WIT	THHELD	
Sherwin Williams C	ompany								91044.8	2			1320.15	
101 W Prospect Ave Cleveland OH 44115						7. SOCIAL SECURITY TIPS					8. ALLOCATED TIPS			
							9.					10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST NA	AME			SUFF.	11. NONQUAL	IFIED PLANS				12.a-d		
Ajay R		Eega										С	63.71	
750 Sylvan Avenue #36					14. OTHER CA SDI 562.69			59	- D 7278.52					
Mountain View CA 94041 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									1	13. STATUTORY RETIREMENT PLAN	REMENT X THIRD-PARTY SICK PAY			
15. STATE EMPLOY	R'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 1	17. ST.	ATE INCOME 1	AX	18. LOCAL W	AGES, TIPS	ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
CA 159-32	40-3		83766	.30			1606.00							

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001989463401	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS 8376		2. FEDERAL INCOME T	AX WITHHELD 6820.39
B. EMPLOYER IDENTIFICATION NUMBER (EII	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY 1	AX WITHHELD
34-0526850	777-57-7240			9104	4.82		5644.78
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD
Sherwin Williams Company				9104	4.82		1320.15
101 W Prospect Ave Cleveland OH 44115			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
			9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	LIFIED PLANS		12.a-d	
Ajay R	Eega		110000000000000000000000000000000000000			С	63.71
750 Sylvan Avenue #36 Mountain View CA 94041			14. OTHER CA	4 SDI	562.69	D	7278.52
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RET PLA	REMENT X THIRD-PARTY N SICK PAY
	R 16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	FAV	18. LOCAL WAGES.	TIPS FTC 1	9. LOCAL INCOME TAX	20. LOCALITY NAME

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	L NUMBER		ONADA	0 1545 0000	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
001989463	3401	2022	OIVIBIN	IO. 1545-0008	83766.30				6820.39		
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL S	ECURITY NUI	MBER	3. SOCIAL SE	CURITY WAGE	S		4. SOCIAL SECURITY T.	AX WITHHELD	
34-052685	50	777-57-7240					91044.82			5644.78	
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	DDE			5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WIT	THHELD	
Sherwin W	/illiams Company						91044.82			1320.15	
101 W Prospect Ave Cleveland OH 44115					7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
					9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions fo	r box 12	
Ajay R		Eega							С		3.71
750 Sylva #36					14. OTHER CA	SDI	56	52.69	D	7278	3.52
Mountain View CA 94041 USA E. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETII	REMENT X THIRD-PART	Y 🔲
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	ETC. 1	7. STATE INCOME T	AX	18. LOCAL W	AGES, TIPS, ET	C. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
CA	159-3240-3	8370	56.30		1606.00	1				• ***	

						Federal	Box 1	Soc. Sec. Box 3 &	7	Medicare Box 5
To the right is an expl Please note that the G This information is bei required to file a tax r imposed on you if this	Gross amour eing furnishe return, a neg	nt may include d to the Interr gligence penal	adjustm nal Reve ty or oth	nue Service. If you are er sanction may be	Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125					
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						; x/Wage Limit				
		W-2 Wages								
D. CONTROL NUMBER 001989463402	2022			OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDENTIFICATION I 34-0526850	NUMBER (EIN)	A. EMPLOYEE'S 5 777-57-7240	SOCIAL SEC	URITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRES	A CONTRACTOR OF THE PARTY OF TH	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Sherwin Williams Compan 101 W Prospect Ave Cleveland OH 44115	ıy				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AN Ajay R	ND INITIAL	LAST NA Eega	ME	SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12		
750 Sylvan Avenue #36 Mountain View CA 94041 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STA OH 51-170751 5		16. STATE WAGE	S, TIPS, E		AX 1085.45	18. LOCAL WAGES, TIPS, ETC 39852.00		LOCAL INCOME TAX 996.34	700000000000000000000000000000000000000	CALITY NAME - ClvIndCityW/H
31-170/31 3				.02	1003.43	39032.00	<u>' </u>	990.34	141762	Civilia City W/11

D. CONTROL 001989463	CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	20	022 OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	X WITHHELD		
B. EMPLOYER 34-052685	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIA 777-57-7240	AL SECURITY N	NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T.	AX WITHHELD		
	R'S NAME, ADDRESS, AND ZIP C illiams Company	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	HHELD		
101 W Pros Cleveland C	spect Ave				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
							10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE Ajay R	E'S FIRST NAME AND INITIAL	LAST NAME Eega		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
#36 Mountain View CA 94041 USA E, EMPLOYER'S ADDRESS AND ZIP CODE					14. OTHER		13. STATUTORY RETII			
	EMPLOYER'S STATE ID NUMBER 51-170751 5	20	IPS, ETC. 6665.82	17. STATE INCOME T	1085.45	18. LOCAL WAGES, TIPS, ETC. 39852.00	19. LOCAL INCOME TAX 996.34	20. LOCALITY NAME NRes - ClvIndCityW/H		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 001989463		2022 OMB NO. 1545-		1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYE 34-052685	1		URITY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES		AX WITHHELD		
Sherwin W	R'S NAME, ADDRESS, AND ZIP C /illiams Company	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD		
101 W Pro Cleveland				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
				9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Ajay R		Eega				100000000000000000000000000000000000000			
750 Sylvar #36	n Avenue View CA 94041			14. OTHER					
USA	E'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
ОН	51-170751 5	36665	.82	1085.45	39852.00	996.34	NRes - ClvIndCityW/H		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			2022 OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD	
001989463								
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SE	CURITY NUMB	ER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD
34-052685	50	777-57-7240						
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD
Sherwin W	/illiams Company							
101 W Prospect Ave						CURITY TIPS	8. ALLOCATED TIPS	
Cleveland	OH 44115							
					9.		10. DEPENDENT CARE	BENEFITS
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	or box 12
Ajay R		Eega						
750 Sylvar	n Avenue				14. OTHER			
#36	II Aveilae							
Mountain \	View CA 94041							
USA							13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY
	E'S ADDRESS AND ZIP CODE				L			
15. STATE	EMPLOYER'S STATE ID NUMBER		Charles Tables	STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME
ОН	51-170751 5	3666	5.82		1085.45	39852.00	996.34	NRes - ClvIndCityW/H