							Federal Box 1	1 Soc. Sec. Box 3 &	7 Medicare Box 5	
	n explanation of				Gross Wage	es	92584	.43 92584.4	92584.43	
Please note tha	the Gross amou	nt may include	adjustm	ents.	Txbl Benefi	ts				
This information is being furnished to the Internal Revenue Service, If you are						ı Life	78	3.52 78.5	78.52	
required to file a tax return, a negligence penalty or other sanction may be										
imposed on you	if this income is	taxable and yo	ou fail to r	report it.	Deferred Co	amo	(2064.	87)		
Form W-2 Wage	and Tax Stateme	ent 2022			Section 125		(1901.	•	7) (1901.97)	
	PLOYEE'S RECOR				Other Preta	x/Wage Limit	(, ((/	
					W-2 Wages		88696	5.11 90760.9	98 90760.98	
								90700	90 90/00.90	
D. CONTROL NUMBER				OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME TAX WITHHELD		
000097154901			2022		88696.11			12263.83		
B. EMPLOYER IDENTIFI	CATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
94-3326476		887-90-7096					50.98		5627.18	
C. EMPLOYER'S NAME,		ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	0.0000	
Exiservice Com, LLC	:						50.98		1316.03	
10 Exchange Place Ste 2200					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City NJ 0730	2								Processor Control Cont	
					9.			10. DEPENDENT CARE B	ENEFITS	
6 51 101 01/5510 510 0T 1		LAST NA		inversi		IEIEE OLINIO			70000	
E. EMPLOYEE'S FIRST N Bishan	AME AND INITIAL	Singh	IVIE	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	78.52	
		Siligili			44 07050			D	2064.87	
1800 Silas Deane H #Apt 119S	ignway Rocky Hill				14. OTHER NJ		6.54	1 00	7224.84	
Rocky Hill CT 0606	7					FLI	6.54			
USA F. EMPLOYEE'S ADDRE					N.	IUI WF SW	19.66	13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY	
	R'S STATE ID NUMBER	16. STATE WAGE	S. TIPS, FT	C. 17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, FTC, 10	9. LOCAL INCOME TAX	20. LOCALITY NAME	
CT 382455			84020.		5867.69		, 2.00		management William	
		I.								

D. CONTROL N	UMBER			0140 110 4545 0000	1. WAGES, T	IPS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	AX WITHHELD
0000971549	01		2022	OMB NO. 1545-0008		88696.	11		12263.83
B. EMPLOYER I	DENTIFICATION NUMBER (EI	A. EMPLOYEE'S	SOCIAL SEC	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD
94-3326476		887-90-7096				90760.	98		5627.18
C. EMPLOYER'S	S NAME, ADDRESS, AND ZIE	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD
Exiservice Co	om, LLC					90760.	98		1316.03
10 Exchange Ste 2200 Jersey City N					7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	
Jersey City N	13 07302				9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S	FIRST NAME AND INITIAL	LAST N	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d	
Bishan		Singh						С	78.52
1800 Silas D #Apt 119S Rocky Hill C	Deane Highway Rocky H	II				FLI	6.54 6.54	J DD	2064.87 7224.84
USA	ADDRESS AND ZIP CODE				N.	IUI WF SW	19.66	13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY
15. STATE E	MPLOYER'S STATE ID NUME	ER 16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TII	PS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME
CT 3	38245551-000		84020	0.07	5867.69				

Copy 2-To Be Filed With Employee's State, City,or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000097154901			2022	OMB NO. 154	15-0008	1. WAGES, TI	PS, OTHER COMPENSA 88696		2. FEDERAL INCOME TA	AX WITHHELD 12263.83
B. EMPLOYER IDENTIFICAT	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER		3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD
94-3326476		887-90-7096					90760	.98		5627.18
C. EMPLOYER'S NAME, AL	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD
Exiservice.Com, LLC							90760	.98		1316.03
10 Exchange Place Ste 2200 Jersey City NJ 07302						7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS	
Jersey City NJ 07302						9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAM	1E AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	FIED PLANS		12.a-d	
Bishan		Singh							С	78.52
1800 Silas Deane Hig #Apt 119S Rocky Hill CT 06067	hway Rocky Hill						FLI	6.54 6.54	.	2064.87 7224.84
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE					L NJ	UI WF SW	19.66	13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S CT 38245551	STATE ID NUMBER -000	16. STATE WAGE	ES, TIPS, E 84020		INCOME T	AX 5867.69	18. LOCAL WAGES, TI	PS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000097154901	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATI 88696.		2. FEDERAL INCOME T.	AX WITHHELD 12263.83
B. EMPLOYER IDENTIFICATION NUMBER (E 94-3326476	A. EMPLOYEE'S SOCIAL SE 887-90-7096	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES 90760.9	98	4. SOCIAL SECURITY T	AX WITHHELD 5627.18
C. EMPLOYER'S NAME, ADDRESS, AND ZI ExIservice.Com, LLC	CODE		5. MEDICARE	WAGES AND TIPS 90760.9	98	6. MEDICARE TAX WI	THHELD 1316.03
10 Exchange Place Ste 2200 Jersey City NJ 07302			7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	
Scisely City No 07302			9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Bishan	LAST NAME Singh	SUFF.	11. NONQUAI	IFIED PLANS		12.a-d See instructions for C	78.52
1800 Silas Deane Highway Rocky F #Apt 119S	II		14. OTHER N.	I DI I FLI	6.54 6.54	D DD	2064.87 7224.84
Rocky Hill CT 06067 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE			N.	IUI WF SW	19.66	13. STATUTORY RETURN PLAN	REMENT X THIRD-PARTY SICK PAY
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							Federal Box 1	Soc. Sec. Box 3	3 & 7 Medicare Box	
To the right is an explanation of y Please note that the Gross amou	your W-2 wage	S.	nonto		Gross Wag					
This information is being furnishe		-			Txbl Benefits Group Term Life					
required to file a tax return, a ne imposed on you if this income is	gligence penalt	ty or oth	ner sar	nction may be	Adoption					
Form W-2 Wage and Tax Stateme	· ·	u .u to	. сро.	- 101	Deferred C Section 12	•				
Copy C—For EMPLOYEE'S RECOR	DS				Other Preta	x/Wage Limit				
D. CONTROL NUMBER		Î	0145	NO. 1545 0000	_	IPS, OTHER COMPENS	ATION	2. FEDERAL INCOME	TAX WITHHELD	
000097154902 B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S S	2022 OCIAL SEC		NO. 1545-0008	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY	TAX WITHHELD	
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Exiservice.Com, LLC	LODE								ЛІННЕСО	
10 Exchange Place Ste 2200 Jersey City NJ 07302					7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
36136y 616y 113 07 302					9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Bishan	LAST NAI Singh	ME		SUFF.	11. NONQUA	IFIED PLANS		12.a-d See instructions	for box 12	
1800 Silas Deane Highway Rocky Hill #Apt 119S	-				14. OTHER					
Rocky Hill CT 06067 USA							,	13. STATUTORY RE	TIREMENT THIRD-PART	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGE	S, TIPS, ET	TC.	17. STATE INCOME 1	AX	18. LOCAL WAGES,		EMPLOYEE PL		
NJ 943-326-476/000		4676	.04		237.88					
D. CONTROL NUMBER 000097154902		2022	OME	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS	ATION	2. FEDERAL INCOME	TAX WITHHELD	
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Exlservice.Com, LLC 10 Exchange Place					7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
Ste 2200 Jersey City NJ 07302					9.			10. DEPENDENT CARE	DENICEITS	
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Rocky Hill CT 06067 USA							1	13. STATUTORY RE	TIREMENT X THIRD-PART	
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NJ EMPLOYER'S STATE ID NUMBER 943-326-476/000 Copy 2-To Be Filed With Employee's		4676	.04		237.88 2022	540		LOCAL INCOME TAX		
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