							Federal Box 1	Soc. Se	c. Box 3 & 7	Medicare Box 5	
To the right is an exp Please note that the				nents.		Gross Wage		96298	.12	96298.1	2 96298.12
This information is b	x return, a neg	gligence penal	ty or oth	er sanct	ion may be	Group Term Adoption	Life	143	.64	143.6	4 143.64
imposed on you if the	d Tax Stateme	nt 2022	iu raii to	report it		Deferred Co Section 125	•	(8288. (1402.		(1402.08) (1402.08)
Copy C—For EMPLOY	TEE S RECORL	05				Other Preta W-2 Wages	x/Wage Limit	86751	.10	95039.6	8 95039.68
D. CONTROL NUMBER 000751967101			2022		O. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 8675		2. FEDERAL IN	COME TAX	WITHHELD 13713.63
B. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	A. EMPLOYEE'S S	OCIAL SEC	URITY NUN	ИBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SEC	URITY TAX	
94-3282454		XXX-XX-5359					9503	19.68			5892.46
C. EMPLOYER'S NAME, ADDR	RESS, AND ZIP CO	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE	TAX WITH	
UL LLC							9503	19.68			1378.08
333 Pfingsten Road Northbrook IL 60062						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED	TIPS	
						9.			10. DEPENDEN	T CARE BE	NEFITS
E. EMPLOYEE'S FIRST NAME A Rushikeshwar	AND INITIAL	LAST NA Akkati	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See inst C	ructions for	143.64
2874 Kessler Dr Mundelein IL 60060 USA						14. OTHER			D W AA		8288.58 840.00 8771.31
F. EMPLOYEE'S ADDRESS ANI	ID ZIP CODE								13. STATUTORY EMPLOYEE	RETIRE PLAN	MENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S ST IL 94-3282454		16. STATE WAGE	S, TIPS, E 86751		7. STATE INCOME T	4286.98	18. LOCAL WAGES,	TIPS, ETC. 19	9. LOCAL INCOM	E TAX	20. LOCALITY NAME

D. CONTROL NUMBER 000751967101	2022	OMB NO.	1545-0008	1. WAGES, TI	PS, OTHER COMPENS 8675		2. FEDERAL INCOME TA	AX WITHHELD 13713.63		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	MPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES			AX WITHHELD		
94-3282454	XXX-XX-5359				9503	9.68		5892.46		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
UL LLC					9503	9.68		1378.08		
333 Pfingsten Road Northbrook IL 60062					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
							10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Rushikeshwar	Akkati						C	143.64		
2874 Kessler Dr				14. OTHER			D	8288.58		
Mundelein II. 60060				11.011121			W	840.00		
USA							AA	8771.31		
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBE	16. STATE WAGES, TIPS, E	TC. 17. S	TATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
IL 94-3282454 000 9	86751	1.10		4286.98						

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER			ONAD NO. 1545 0000	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME	TAX WITHHELD		
000751967101		2022	OMB NO. 1545-0008		86751.10		13713.63		
3. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	TAX WITHHELD		
94-3282454	XXX-XX-5359	€			95039.68		5892.46		
C. EMPLOYER'S NAME, ADDRESS,	AND ZIP CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	'ITHHELD		
UL LLC					95039.68		1378.08		
333 Pfingsten Road Northbrook IL 60062				7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
				9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NAME AND IN	IITIAL LAST N	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Rushikeshwar	Akkat	i				С	143.64		
2874 Kessler Dr				14. OTHER		D	8288.58		
Mundelein IL 60060				14. 011161		W	840.00		
USA						AA	8771.31		
F. EMPLOYEE'S ADDRESS AND ZIP (CODE					13. STATUTORY RE EMPLOYEE PL	TIREMENT X THIRD-PARTY AN SICK PAY		
15. STATE EMPLOYER'S STATE I	D NUMBER 16. STATE WAG	SES, TIPS, ET	C. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
IL 94-3282454 000	9	86751.	10	4286.98					

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER		0140 110	4545.0000	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	X WITHHELD		
000751967	101	2022	OMB NO.	1545-0008		86751.10		13713.63		
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	SECURITY NUMBER	₹	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD		
94-3282454	4	XXX-XX-5359				95039.68		5892.46		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	HHELD		
UL LLC						95039.68		1378.08		
333 Pfingsto					7. SOCIAL SEC	URITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Northbrook	Northbrook IL 60062									
					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE	'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo			
Rushikeshw	var	Akkati					С	143.64		
2874 Kessle	a. D.				14. OTHER		D	8288.58		
Mundelein 1					THE OTHER		W	840.00		
USA	IL 00000						AA	8771.31		
								REMENT X THIRD-PARTY		
	'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN			
	EMPLOYER'S STATE ID NUMBER	,	' I	TATE INCOME T		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
IL	94-3282454 000 9	867	51.10		4286.98					

М							Earni	ngs - Dayforce				
								Federal I	Box 1	Soc. Sec. Box 3 &	7	Medicare Box 5
Please note that the Gross amount may include adjustments. 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. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wage Limit W-2 Wages						
D. CONTROL NUM 000751967102				2022	ОМВ	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDE 94-3282454	ENTIFICAT	ION NUMBER (EIN)	A. EMPLOYEE'S S XXX-XX-5359	SOCIAL SEC	URITY NU	JMBER	3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
UL LLC		DRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
333 Pfingsten Northbrook IL							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FI Rushikeshwar		E AND INITIAL	LAST NA Akkati	ME		SUFF.				12.a-d See instructions for DD	box 12	7864.08
2874 Kessler I Mundelein IL 6 USA							14. OTHER 13. STATUTORY RETIREMENT THIRD-PARTY				THIRD-PARTY	
F. EMPLOYEE'S A			40.07475.1111.01		***		***	40.10011.111.050 7100 570		EMPLOYEE - PLAN		SICK PAY
15. STATE EM	IPLOYER'S	STATE ID NUMBER	16. STATE WAGE	:S, 11PS, E	IC.	17. STATE INCOME TO	AX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LC	CALITY NAME
·												
D. CONTROL NUM 000751967102				2022	ОМВ	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITH	HELD
B. EMPLOYER IDE 94-3282454	ENTIFICAT	ION NUMBER (EIN)	A. EMPLOYEE'S S	SOCIAL SEC	URITY NU	JMBER	3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY TA	X WIT	HHELD
	NAME, AD	DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	HHELD	
UL LLC 333 Pfingsten Road Northbrook II 60062				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS								

D. CONTROL NUMBER 000751967102			2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD
B. EMPLOYER IDENTIFI 94-3282454	EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 1-3282454 XXX-XX-5359				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, UL LLC	,	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD
333 Pfingsten Road Northbrook IL 60062				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE E	BENEFITS
E. EMPLOYEE'S FIRST N Rushikeshwar	IAME AND INITIAL	LAST NA Akkati		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d DD	7864.08
2874 Kessler Dr Mundelein IL 6006 USA	0				14. OTHER			13. STATUTORY RETIR	EEMENT X THIRD-PARTY
F. EMPLOYEE'S ADDRE	SS AND ZIP CODE							EMPLOYEE PLAN	SICK PAY
15. STATE EMPLOY	R'S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	C. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, E	TC. 19.	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 NUMBER 000751967102	2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-3282454					4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP COUL LLC	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
333 Pfingsten Road Northbrook IL 60062			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
			9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Rushikeshwar	LAST NAME Akkati	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d DD	7864.08		
2874 Kessler Dr Mundelein IL 60060 USA			14. OTHER					
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. 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 NUMBER		OMB NO. 154	5-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX	X WITHHELD		
000751967102	2022	OIVID NO. 134	5-0008						
B. EMPLOYER IDENTIFICATION NUMBER (EI	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER		3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TA	X WITHHELD		
94-3282454	XXX-XX-5359								
C. EMPLOYER'S NAME, ADDRESS, AND ZIE	CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITH	HHELD		
UL LLC									
333 Pfingsten Road Northbrook IL 60062					CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
				9.		10. DEPENDENT CARE B	ENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for	box 12		
Rushikeshwar	Akkati					DD	7864.08		
2874 Kessler Dr Mundelein IL 60060 USA				14. OTHER					
USA							EMENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN	SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMB	ER 16. STATE WAGES, TIPS, E	TC. 17. STATE	INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		