Copy B-To Be Filed With Employee's OMB No. 1545-0008 **FEDERAL** a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withhele 191736.77 36256.01 -4300 3 Social security wages 4 Social security tax withheld **b** Employer ID number (EIN) 147000.00 9114.00 5 Medicare wages and tips 6 Medicare tax withheld 46-4803755 199910.69 2898.71 c Employer's name, address, and ZIP code Flexport Inc. 760 Market Street 8th Floor San Francisco, CA 94102 d Control number e Employee's name, address, and ZIP code Mohan Phaneindranath Edala 2505 Temple Drive McKinney, TX 75071 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 C 123.82 12b Code 13 Statutory employee 14 Other D 8173.92 12c Code Retirement plan W 3599.96 Third-party sick pay 12d Code DD 16154.58 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 18 Local wages, tips, etc. 20 Locality name 5055 Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

Copy 2-To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 191736.77 36256.01 -4300 3 Social security wages 4 Social security tax withheld **b** Employer ID number (EIN) 147000.00 9114.00 5 Medicare wages and tips 6 Medicare tax withheld 46-4803755 199910.69 2898.71 c Employer's name, address, and ZIP code Flexport Inc. 760 Market Street 8th Floor San Francisco, CA 94102 d Control number e Employee's name, address, and ZIP code Mohan Phaneindranath Edala 2505 Temple Drive McKinney, TX 75071 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code 123.82 C 12b Code 13 Statutory employee 14 Other D 8173.92 12c Code Retirement plan W 3599.96 Third-party sick pay 12d Code DD 16154.58 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 20 Locality name 19 Local income tax 18 Local wages, tips, etc. 2022 Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal in	come tax withheld
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	3 Social security wages	4 Social sec	curity tax withheld
<b>b</b> Employer ID number (EIN)	147000.00		9114.00
46-4803755	5 Medicare wages and tips	6 Medicare	tax withheld
	199910.69		2898.71
c Employer's name, address Flexport Inc.	, and ZIP code		
760 Market Stre	et		
8th Floor			
San Francisco,	CA 94102		
d Control number	011 74102		
e Employee's name, address			
2505 Temple Dr McKinney, TX 7			
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McKinney, TX 7	5071		ee inst. for box 12 123 • 82
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c Employer's name, address, a Flexport Inc.	nd ZIP code	
760 Market Stree	t	
8th Floor		
San Francisco, C	A 94102	
d Control number		
e Employee's name, address, a Mohan Phaneindr 2505 Temple Dri McKinney, TX 75	anath Edala ve	
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	<b>12a</b> Code C 123.82
13 Statutory employee 14 Other	er	12b Code D 8173.92
Retirement plan		12c Code W 3599.96
Third-party sick pay		12d Code DD 16154.58
15 State Employer's state ID nur	mber <b>16</b> State wages, tips, etc.	17 State income tax
	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Stat	tement 2022	Dept. of the Treasury - IRS

1 Wages, tips, other comp.

191736.77

Copy 2-To Be Filed With Employee's State,

City, or Local Income Tax Return

-4300

a Employee's soc. sec. no.

NTF 2585243

BW24UP

OMB No. 1545-0008

36256.01

2 Federal income tax withheld

2 BW24UP

form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS. Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit or if you are eligible for any credit. Earnet in come credit [EIC]. You consider the consideration of the conside

Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year bowe not the current year If no shown, not the current year. If no year is shown, the contributions are for the current year.

for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions

instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a

E—Elective deferrals under a section 403(b) salary reduction

F—Elective deferrals under a section 408(k)(6) salary reduction

SEP
G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

1213. You may also visit the SSA website at www.SSA.gov. Cost of employer-sponsored health coverage (if such cost is provided by the employer). The

provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for the control of the coverage is for the cov

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care

Insurance Contracts. S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

W—Employer contributions
(including amounts the employee
elected to contribute using a section
125 (cafeteria) plan) to your health
savings account. Report on Form
8889, Health Savings Accounts

Y—Deferrals under a section 409A nongualified deferred compensation

**7**—Income under a nonqualified Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security time will be rarefled to worth 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan and the section 457(b) plan. The amount does not apply to contributions under a tax-exempt organization section 457(b) plan and the section 457(b) plan the section 457(b) plan the section 457(b) plan the section 85(b) elections as of the close of the calendar year Medicard year flower than the section 83(i) elections as of the close of the calendar year Box 13.1 ff the "Retirement plan" report that amount even if it is

close of the calendar year Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance premiums deducted, noritaxabei income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Hailroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

**WD4UPI** 2 NTF 2585272