Employee Reference Copy Wage and Tax Statement Corp. Employer use only 0000016601 WRZ YAMV 33621 Employer's name, address, and ZIP code

MORGAN STANLEY SERVICES GROUP 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019

e/f Employee's name, address, and ZIP code SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040

b	Employer's FED ID number 26-0116361	a	Empl	οу	ee's SS/	A number XX-8669)
1	Wages, tips, other comp.	2	Feder	al	income	tax withhel	d
	142037.70				10	6065.39	
3	Social security wages	4	Socia	ls	ecurity	tax withhel	d
	147000.00				9	9114.00	
5	Medicare wages and tips	6	Medic	ar	e tax wi	thheld	
	151837.77					2201.65	
7	Social security tips	8	Alloca	ate	d tips		
9		10	Depei	nd	ent care	benefits	
11	Nonqualified plans	12a	See in	str	uctions fo	7 box 12 9800.07	7
14	Other	12b				4500.0	0
14	Other	12c	- 1				
		12d					
		13	Stat en	ıp.	Ret, plan	3rd party sick	pay
15	State Employer's state ID no	. 16	State	wa	ages, tip	s, etc.	
	TOTAL STATE						
17	State income tax	18	Local	w	ages, tip	s, etc.	
	7795.17						
19	Local income tax	20 Locality name					

SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040

Social Security Number: XXX-XX-8669

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1 Wages, tips, other comp. 142037.70					
3	Social security was	ges 00.00	4 Social	security tax withheld 9114.00	
5	Medicare wages and tips 151837.77				
d 00	Control number 00016601 WRZ	Dept.	Corp.	Employer use only 33621	

Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019

b	Employer's FED ID number 26-0116361	a Emp	loyee's XX	SS/ X-	A numb	er 669
7	Social security tips	8 Allo	cated tip	os		
9		10 Dep	endent	care	benefi	ts
11	Nonqualified plans	12a See D	instruc	tion	9800 9800	
14	Other	^{12b} W	Ī		450	0.00
		12c	i			
		12d	i			
		13 Stat e	mp. Ret. į	olan X	3rd party	sick pay
0/4	Employee's name address at	d ZIP co	nde			

SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN

CUMMING, GA 30040

15	State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17	State	income tax 7795.17	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Inc

1	Wages, tips, other 1420	comp. 037.70	2 Federal	income tax withheld 16065.39
3	Social security was	ges 000.00	4 Social	security tax withheld 9114.00
5	Medicare wages at	nd tips 337.77	6 Medica	re tax withheld 2201.65
d OC	Control number 000016601 WRZ	Dept.	Corp.	Employer use only 3362

INC 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019

b	Employer's FED ID number 26-0116361	a Employee's SSA number XXX-XX-8669				
7	Social security tips	8 Allocated tips				
9		10 Deper	dent car	e benefits		
11	Nonqualified plans	12a D		9800.07		
14	Other	^{12b} W		4500.00		
		12c				
		12d				
		13 Stat emp). Ret. plan	3rd party sick pay		
e/f	Employee's name, address a	nd ZIP cod	le			

SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040

JE IAC	15	State GA	Employer's state ID no. 3206830-IZ	16 State wages, tips, etc. 142037 . 70)
AND	17	State	income tax 7591 . 84	18 Local wages, tips, etc.	
ול	19	Local	income tax	20 Locality name	

GA. State Reference Copy Wage and Tax 🤊 Statement

1	Wages, tips, other 1420	comp. 37.70	2 Federal income tax withheld 16065.39		
3	Social security was	ges 00.00	4 Social security tax withheld 9114.00		
5	Medicare wages at 1518	nd tips 37.77	6 Medica	ere tax withheld 2201 . 65	
d 00	Control number 000016601 WRZ	Dept.	Corp. YAMV	Employer use only 33621	

Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019

b	Employer's FED ID number 26-0116361	a Employee's SSA number XXX-XX-8669				
7	Social security tips	8 Allocated tips				
9		10 Dependent car	e benefits			
11	Nonqualified plans	12a D	9800.07			
14	Other	^{12b} W	4500.00			
		12c				
		12d				
		13 Stat emp. Ret. pla	n 3rd party sick pa			
e/f Employee's name, address and ZIP code						

SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040

DETACH	15	State GA	Employer's state ID no. 3206830-IZ	16	State wages, tips, etc. 142037.70
AND	17	State	income tax 7591 .84	18	Local wages, tips, etc.
FOLD	19	Local	income tax	20	Locality name

GA. State Filing Copy Wage and Tax Statement

2022 W-2 and EARNINGS SUMMARY

0000016601 WRZ YAMV 33622 c Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019 e/f Employee's name, address, and ZIP code SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040 b Employer's FED ID number 26-0116361 a Employee's SSA number XXX-XX-8669 Wages, tips, other comp. 2 Federal income tax withheld 142037.70 16065.39 Social security tax withheld Social security wages 9114.00 147000.00 6 Medicare tax withheld Medicare wages and tips 151837.77 2201.65 8 Allocated tips Social security tips 10 Dependent care benefits 12a See instructions for hox 12 D | 9800.07 12b W | 4500.00 11 Nonqualified plans 14 Other 12d | 1 13 Stat emp | Ret. plan | 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NJ 260-116-361/000 15606.06 18 Local wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 2 Federal income tax withheld Wages, tips, other comp. 142037.70 16065.39 3 Social security wages 147000.00 4 Social security tax withheld 9114.00 6 Medicare tax withheld 5 Medicare wages and tips 151837.77 2201.65 Dept. Corp. Employer use only d Control number 0000016601 WRZ YAMV 33622 Employer's name, address, and ZIP code MORGAN STANLEY SERVICES GROUP 750 7TH AVE 6TH FLOOR NEW YORK, NY 10019 b Employer's FED ID number 26-0116361 8 Allocated tips Social security tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 9800.07 D I 12b W 14 Other 4500.00 12c 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040 15 State NJ Employer's state ID no. 16 State wages, tips, etc. 260-116-361/000 15606.06 17 State income tax 203.33 18 Local wages, tips, etc. 19 Local income tax 20 Locality name NJ. State Filing Copy 2 Wage and Tax 2

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

NJ. State Reference Copy

2 Wage and Tax
Statement
efiled with employee's State Income Tax Returnand No

Dept.

Corp.

Employer use only

SHIVA BHASKAR YELAKUNTLA 2962 GREYHAWK LN CUMMING, GA 30040

Fold and Detach Here

Social Security Number: XXX-XX-8669

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