## NOTICE TO EMPLOYEE:

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR 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

## Earned income credit (EIC).

You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596, Farned Income Credit Any FIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one

employer in 2022 and more than \$9,114 in social Note: If a year follows code D, E, G, P, AA, BB, or EE, security and/or Tier 1 railroad retirement (RRTA) taxes you made a make-up pension contribution for a prior were withheld, you may be able to claim a credit for the year(s) when you were in military service. To figure excess against your federal income tax. See the Form amounts for the year shown, not the current year. 1040 instructions. If you had more than one rail-road if no year is shown, the contributions are for the employer and more than \$5,350.80 in Tier 2 RRTA tax current year.

was withheld, you may be able to claim a refund on D) Elective deferrals to a section 401(k) cash or Form 843. See the Instructions for Form 843.

## Instructions for Employee

Box 1. Enter this amount on the Wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any

of those Medicare wages and tips above \$200,000. **Box 10.** This amount includes the total dependent care benefits your employer paid to you or incurred on your governmental section 457(b) plan. This amount does behalf (including amounts from a section 125 (cafeteria) organization section 457(b) plan. plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

designated Roth contributions (codes AA, BB, and EE) (IRAs). under all plans are generally limited to a total of \$20,500 Box 14. Employers may use this box to report explained in Pub. 571). Deferrals under code G are insurance premiums deducted, non-taxable income, limited to \$20,500.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans) This additional deferral amount is not subject to the overall limit on elective deferrals. For benefits, keep Copy C until you begin receiving code G, the limit on elective deferrals may be higher for social security benefits, just in case there is a the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Forms 1040

deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement

Elective deferrals under a section 403(b) salary reduction agreement

Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b)

deferred compensation plan
P) Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

AA) Designated Roth contributions under a section

BB) Designated Roth contributions under a section 403(b) plan
DD) Cost of employer-sponsored health coverage.

The amount reported with code DD is not taxable.

EE) Designated Roth contributions under a

Box 13. If the "Retirement Plan" box is checked, Box 12. The following list explains the codes shown special limits may apply to the amount of traditional IRA in box 12. You may need this information to complete contributions you may deduct. See Pub.590-A, your tax return. Elective deferrals (codes D, E) and Contributions to Individual Retirement Arrangements

(\$14,000 if you only have SIMPLE plans; \$23,500 for information such as state disability insurance taxes section 403(b) plans if you qualify for the 15-year rule withheld, union dues, uniform payments, health educational assistance payments, or a member of the clergy's parsonage allowance and utilities. 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 question about your work record and/or earnings in a particular year.

NYC

20B LOCALITY NAME

COPY 2

14 OTHER

18B LOCAL WAGES, ETC

LOCAL INCOME TAX RETURN

14 OTHER

THIS INFORMATION IS BEING PROVIDED TO THE INTERNAL REVENUE SERVICE DEPT, OF THE TREASURY - IRS OMB NO. 1545-0008

| W-2 WAGE & TAX STATEMENT                              |                                     | 574-81-5547 |                                    |                                       | DUPLICATE 01/24/2023 820 8100 |      |                                      |                                 |  |
|---|-------------------------------------|-------------|------------------------------------|---------------------------------------|-------------------------------|------|--------------------------------------|---------------------------------|--|
| 13-6400434  |                                     |             |                                    | 1 WAGES & OTHER COMPENSATION 5,272.50 |                               |      | 2 FEDERAL INCOME TAX WITHHELD 593.88 |                                 |  |
| C) EMPLOYER'S NAME                                    | W YORK                              |             |                                    | 3 SOCIAL SECURITY <b>5,272.50</b>     | WAGES                         |      |                                      | IAL SECURITY TAX WITHHELD 26.90 |  |
| 1   | 33RD STREET<br>(, NY 10001-26       | ,           | L.                                 | 5 MEDICARE WAGES 5,272.50             | 8                             |      |                                      | ICARE TAX WITHHELD              |  |
| D) CONTROL NUMBER                                     | 2                                   |             |                                    |                                       |                               |      | 10 DEPE                              | ENDENT CARE BENEFITS            |  |
| E) EMPLOYEE'S NAME, ADDRESS AND ZIP CODE 13           |                                     |             |                                    |                                       |                               |      |                                      | 12 SEE INSTRUCTIONS FOR BOX 12  |  |
| AGAM HITESH SHAH 45 RIVER DR S 1203                   |                                     |             |                                    |                                       |                               |      | COD                                  | DE AMOUNT                       |  |
|   | R S 1203<br>FY NJ 07310             |             |                                    |                                       | PLAN                          | MENI | 12/                                  | <i>\</i>                        |  |
|   |                                     |             |                                    |                                       |                               |      | 128                                  | 3                               |  |
| 15 NAME OF STATE<br>NEW YORK                          | 16 STATE WAGES, ETC <b>5,272.50</b> |             | 17 STATE INCOMETAX WITHHELD 191.00 |                                       | 2022                          |      | 120                                  | 2                               |  |
| 20A LOCALITY NAME NYC                                 | 18A LOCAL WAGE                      | S, ETC      | 19A LOCA                           | L INCOMETAX WITHHELD                  |                               | YEAR | 120                                  | )                               |  |
| 20B LOCALITY NAME                                     | 18B LOCAL WAGE                      | S, ETC      | 19B LOCAL                          | L INCOME TAX WITHHELD                 | ""                            | /    | 128                                  |                                 |  |
| COPY B TO BE FILED WITH EMPLOYEE'S FEDERAL TAX RETURN |                                     |             |                                    |                                       |                               |      | 12F                                  | =                               |  |
| 14 OTHER  |                                     | 14 (        | OTHER                              |                                       |                               | 14 0 | THER                                 |                                 |  |
|   |                                     |             |                                    |                                       |                               |      |                                      |                                 |  |

| W-2 WAGE & TAX STATEMENT A) EMPLOYEE'S SOC 574-81-554 |  |                              |           | DIDIOA   |                | LICATE   | TE 01/24/2023 820 8100 |                                |  |
|---|--|------------------------------|-----------|--|----------------|----------|------------------------|--------------------------------|--|
| B) EMPLOYER IDENTII<br>13-6400434                     | 1 WAGES & OTHER COMPENSATION 5,272.50                      |                              |           | 2 FEDERAL INCOME TAX WITHHELD 593.88                               |                |          |                        |                                |  |
| CITY OF NE  | 3 SOCIAL SECURITY WAGES 5,272.50 5 MEDICARE WAGES 5.272.50 |                              |           | 4 SOCIAL SECURITY TAX WITHHEL 326.90 6 MEDICARE TAX WITHHELD 76.45 |                |          |                        |                                |  |
| 450 WEST :<br>NEW YORK                                |  |                              |           |  |                |          |                        |                                |  |
| D) CONTROL NUMBER                                     | ·<br>R   |                              |           | 5,2: 2:00  |                |          | 10 DEPENDE             | NT CARE BENEFITS               |  |
| E) EMPLOYEE'S NAME                                    | 1  | 13  X  RETIREMENT PLAN       |           | 12 SEE INSTRUCTIONS FOR BOX 12                                     |                |          |                        |                                |  |
| AGAM HITE   |  |                              |           | CODE   | AMOUNT         |          |                        |                                |  |
| 45 RIVER D  |  |                              |           | 12A  |                |          |                        |                                |  |
|   |  |                              |           | NICOME TAX WITH HIELD  |                |          | 12B                    |                                |  |
| NEW YORK  | 5,272.50   | · ·                          |           | 17 STATE INCOME TAX WITHHELD 191.00                                |                | 2022     |                        |                                |  |
| NYC   | 18A LOCAL WAGE   | S, ETC                       | 19A LOCA  | L INCOME TAX WITHHELD  |                | YEAR     | 12D                    |                                |  |
| 20B LOCALITY NAME                                     | 18B LOCAL WAGE   | 18B LOCAL WAGES, ETC 19B LOC |           | L INCOME TAX WITHHELD  | 1              |          | 12E                    |                                |  |
| COPY C  | EMPLOYEE'  | S COP                        | Y         |  |                |          | 12F                    |                                |  |
| 14 OTHER  |  |                              | 14 0      | THER   |                |          |                        |                                |  |
| 14 OTHER 14 OTHER                                     |  |                              |           |  |                |          |                        |                                |  |
|   |  |                              |           |  |                |          |                        |                                |  |
|   |  |                              |           |  |                |          |                        |                                |  |
| DEPT. OF THE TREASU                                   |  |                              | YEE'S SOC | IAL SECURITY NO.   |                |          |                        |                                |  |
| W-2 WAGE & TA   | 17   | DUPLICATE 01/24/2023 820 810 |           |  |                |          |                        |                                |  |
| B) EMPLOYER IDENTII<br>13-6400434                     | 1 WAGES & OTHER COMPENSATION 5,272.50                      |                              |           | 2 FEDERAL INCOME TAX WITHHELD 593.88                               |                |          |                        |                                |  |
| CITY OF NI  | 3 SOCIAL SECURITY WAGES 5,272.50                           |                              |           | 4 SOCIAL SECURITY TAX WITHHEL 326.90                               |                |          |                        |                                |  |
| 450 WEST<br>NEW YORK                                  | 5 MEDICARE WAGES <b>5,272.50</b>                           |                              |           | 6 MEDICARE TAX WITHHELD 76.45                                      |                |          |                        |                                |  |
| D) CONTROL NUMBER                                     | 2  |                              |           |  |                |          | 10 DEPENDE             | NT CARE BENEFITS               |  |
| E) EMPLOYEE'S NAME, ADDRESS AND ZIP CODE              |  |                              |           |  |                | 13       |                        | 12 SEE INSTRUCTIONS FOR BOX 12 |  |
| AGAM HITE   | X  |                              |           | CODE   | AMOUNT         |          |                        |                                |  |
| 45 RIVER D<br>JERSEY CI                               | R S 1203<br>TY NJ 07310                                    |                              |           |  | RETIRE<br>PLAN | EMENT    | 12A                    |                                |  |
|   |  |                              |           | INCOME TAX WITHHELD  |                |          | 12B                    |                                |  |
| NEW YORK  | 5,272.50   |                              | 191       | 1.00   | 20             | )22      | 12C                    |                                |  |
| 20A LOCALITY NAME                                     | 18A LOCAL WAGE   | O FT2                        | 404 :     | L INCOME TAX WITHHELD  | `              | <i>,</i> |                        |                                |  |

19B LOCAL INCOME TAX WITHHELD

TO BE FILED WITH EMPLOYEE'S STATE, CITY OR

12D

12E

12F

14 OTHER

**TAX YEAR**