		a Employee'	's social security number								
Import Co	ode: WNMB29ST	722-74-292	9	OMB No. 154	3 No. 1545-0008						
b Employer identification number (EIN)				1 Wages, tips, other compensation			2 Fede	2 Federal income tax withheld			
58-056	6256				8739.00			591.60	591.60		
c Employer's name, address, and ZIP code					3 Social security wages			4 Socia	4 Social security tax withheld		
EMORY	UNIVERSITY				4369.50			270.91	270.91		
					5 Medicare wages and tips			6 Medi	6 Medicare tax withheld		
1599 CU	FTON ROAD				4369.50			63.36	63.36		
	TA, GA 30322				7 Soc	cial security tips	3	8 Alloca	8 Allocated tips		
	,										
d Cont	rol number				9			10 Dependent care benefits			
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a See instructions for box 12					
1 of 1							4646.31				
SANDIP BHAGWAN JADHAV				13 Statu emp	utory Retiremer loyee plan	nt Third-party sick pay	12b				
								e W	200.00		
1704 SUI	MMIT POINTE WAY NE				14 Other			12c			
ATLANT	A, GA 30329-4051				PRE TAX BENEFIT 800.00			o d e			
								12d			
								o d e			
f Employee's address and ZIP code											
15 State	Employer's state ID numb	er	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wag	es, tips, etc.	19 Local ind	come tax	20 Locality name	
GA	3745984-FU		8739.00								
					_						

Form W-2 Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

				1							
		a Employee	's social security number								
Import C	ode: WNMB29ST	722-74-292	29	OMB No. 154	1545-0008						
b Emp	loyer identification number ((EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld			
58-056	6256				8739.00			591.60			
c Emp	loyer's name, address, and	ZIP code			3 Social security wages		4 Social security tax withheld				
EMORY	UNIVERSITY				4369.50		270.91				
					5 Medicare wages and tips		6 Medicare tax withheld				
1500 01	TONDOID				4369.50		63.36				
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ATLAN	ГА, GA 30322					, i i i i i i i i i i i i i i i i i i i					
d Cont	trol number				9		10 Dependent care benefits				
e Emp	loyee's first name and initial	I Last n	ame	Suff.	11 No	nqualified plans		12a			
		1 of 1						d DD	4646.31		
					13 Stat	utory Retirement loyee plan	Third-party sick pay	12b	•		
SANDIP	SANDIP BHAGWAN JADHAV							d W	200.00		
					14 Oth	er		12c			
	1704 SUMMIT POINTE WAY NE				PRE TAX BENEFIT: 800.00			o d			
ATLAN	ATLANTA, GA 30329-4051						12d	I			
								C o d			
f Empl	oyee's address and ZIP coc	de						-			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State inc		17 State incor	ne tax	18 Local wages	s, tips, etc.	19 Local in	come tax	20 Locality name			
GA	3745984-FU		8739.00								
	<u>+</u>					1					
	1										

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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

	a Employee's social security number								
Import Code: WNMB29ST 722-74-2929 OMB No. 154				45-0008					
b Employer identification number (EIN)				ges, tips, other compensat	ion 2 Fe	2 Federal income tax withheld			
58-0566256			8739.0	0	591.6	591.60			
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 S	4 Social security tax withheld			
EMORY UNIVERSITY			4369.5	50	270.9	270.91			
			5 Me	dicare wages and tips	6 M	6 Medicare tax withheld			
			4369.5	0	63.36	63.36			
1599 CLIFTON ROAD			7 Soc	cial security tips	8 A	8 Allocated tips			
ATLANTA, GA 30322									
d Control number					10 D	10 Dependent care benefits			
e Employee's first name and initial Last name Suff.			11 Nonqualified plans						
1 of 1							DD 4646.31		
SANDIP BHAGWAN JADHAV				utory Retirement Third- loyee plan sick p	party ay 12b	200.00			
1704 SUMMIT POINTE WAY NE			14 Oth	er	12c				
ATLANTA, GA 30329-4051			PRE TAX	X BENEFIT: 800.00	o d e				
					12d				
f Employee's address and ZIP co									
I5 State Employer's state ID number 16 State wages, tips, etc. 17 State income		17 State incon	ne tax	18 Local wages, tips,	etc. 19 Loca	l income tax	20 Locality name		
GA 3745984-FU	8739.00			<u> </u>					

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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

		a Employee's social security number			This information is being furnis	shed to the Inte	ernal Revenu	e Service. If you
Import C	ode: WNMB29ST	722-74-2929	OMB No. 154	5-0008	are required to file a tax return may be imposed on you if this	, a negligence income is taxa	penalty or of able and you	ther sanction fail to report it.
b Employer identification number (EIN)					ges, tips, other compensation	2 Federal income tax withheld		
58-0566256				8739.0	00	591.60		
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld		
EMORY	UNIVERSITY			4369.5	50	270.91		
				5 Medicare wages and tips		6 Medicare tax withheld		
1500 CU	FTON ROAD			4369.5	50	63.36		
	A, GA 30322			7 Soc	cial security tips	8 Allocated tips		
	11, 011 50522							
d Cont	rol number			9		10 Deper	10 Dependent care benefits	
e Emp	oyee's first name and initia	al Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12		
		1 of 1					4646.31	
SANDIP	BHAGWAN JADHAV			13 Statutory Retirement Third-party employee plan sick pay		12b		
						d W	200.00	
1704 SUN	MMIT POINTE WAY NE			14 Other		12c		
ATLANTA, GA 30329-4051				PRE TA	X BENEFIT: 800.00	o d e		
						12d		
						o d e		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 State inco		ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name		
GA	3745984-FU	8739.00						

2022



Department of the Treasury-Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Notice to Employee

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.

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 imate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers

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 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 aren't 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 800-772-1213. 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 reporting in box 12, using code DD, of the cost of employer-sponsored here for your information only. The amount reported with code DD is not taxable. consored health coverage is

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

(See also Notice to Employee on the back of Copy B.)

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 the 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 ages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, 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 tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

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 code G, the limit on elective deferrals may be higher for 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 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 shown, not the current year. If no year is shown, the contributions are 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.

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.

Instructions for Employee

Box 12 (continued)

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

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.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions. L-Substantiated employee business expense reimbursements

(nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

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

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)

-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable 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 (HSAs). Y-Deferrals under a section 409A nonqualified deferred compensation plan

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.

AA-Designated Roth contributions under a section 401(k) plan

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 governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

-Permitted benefits under a qualified small employer health reimbursement arrangement GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the 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 (IRAs).

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 payments, or a member of the clergy's parsonage allowance and utilities. Railroad 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 undersection of the complexe of a protect your social security benefits. work record and/or earnings in a particular year.

Your tax forms are here. Our experts are here to help you file:

Virtually | In person | Via drop off





Code: **251694591** New clients only Expires April 10, 2023

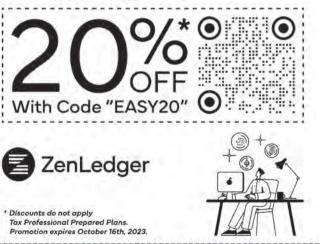
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