							ļ	Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5	
To the right is ar Please note that				ents.	Gross Wages 81999.9 Txbl Benefits		93 81999.	93 81999.93			
This information is being furnished to the Internal Revenue Service. If you are							Group Term Life 26.4 Adoption			49 26.49	
Form W-2 Wage and Tax Statement 2022						Deferred Co Section 125 Other Preta		(536.5	(536.5	3) (536.53)	
						W-2 Wages		81489.	89 81489.	89 81489.89	
D. CONTROL NUMBER 000453493001			2022	OMB N	O. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSAT 81489.		2. FEDERAL INCOME TA	X WITHHELD 11594.00	
B. EMPLOYER IDENTIFICA	ATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUM	1BER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD 5052.37		
20-3469219	DDDDGGG AND TID G	443-85-7133				5 A45010A05	81489.89 5052.37 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				
C. EMPLOYER'S NAME, A INFOR (US), LLC	ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS 81489.	89	6. MEDICARE TAX WIT	1181.60	
13560 Morris Road Suite 4100 Alpharetta GA 30004						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Alpharetta GA 30004						9. 10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NA Khursheed	ME AND INITIAL	LAST NA Alam	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	26.49	
1312 Deerfield Point ALPHARETTA GA 30004 USA					14. OTHER			- W DD	333.44 4525.00		
F. EMPLOYEE'S ADDRES	S AND ZIP CODE								13. STATUTORY RETII	THIRD-PARTY SICK PAY	
	'S STATE ID NUMBER	16. STATE WAGE	81489.		7. STATE INCOME T	AX 4261.53	18. LOCAL WAGES, TIP	PS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUM 000453493001			2022 0	MB NO.	1545-0008	1. WAGES, TI	PS, OTHER COMP 81	ENSATION .489.89		2. FEDERAL INCOME TA	X WITHHELD 11594.00
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD			
20-3469219 443-85-7133					81489.89			5052.37			
C. EMPLOYER'S N.	AME, ADDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD			HHELD		
INFOR (US), LL	INFOR (US), LLC						81489.89 1181.60			1181.60	
13560 Morris Road Suite 4100						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS	
Alpharetta GA	Alpharetta GA 30004						9. 10. DEPENDEN			10. DEPENDENT CARE E	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Khursheed Alam				11. NONQUALIFIED PLANS				12.a-d C	26.49		
1312 Deerfield Point ALPHARETTA GA 30004 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					14. OTHER				W DD 13. STATUTORY RETIF	333.44 4525.00 EMENT THIRD-PARTY SICK PAY	
	PLOYER'S STATE ID NUMBER	16. STATE WAGE	S. TIPS, ETC.	. 17. S	TATE INCOME T	AX	18. LOCAL WAG	ES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME
GA 307	73982-OP		81489.89	9		4261.53		. ,			

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			OMAR	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA		
000453493	3001	202	22 OIVIB	NO. 1345-0008		81489.89			11594.00	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD			AX WITHHELD		
20-3469219 443-85-7133					81489.89 5052.37			5052.37		
C. EMPLOYE	ER'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD			HHELD		
INFOR (US	5), LLC				81489.89 1181.60			1181.60		
13560 Mor					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Suite 4100										
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Khursheed Alam								С	26.49	
1312 Deer	rfield Point				14. OTHER			W	333.44	
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E EMPLOYE	FE'S ADDRESS AND ZIP CODE							13. STATUTORY RETIR	REMENT THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIP	PS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
GA	3073982-OP		489.89		4261.53	,,				

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER		0140	NO 4545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD	
000453493001	20	022 OMB	OMB NO. 1545-0008		81489.89	11594.00		
B. EMPLOYER IDENTIFICATION NUMBER (EI) A. EMPLOYEE'S SOCI	IAL SECURITY N	CURITY NUMBER		CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
20-3469219 443-85-7133					81489.89	5052.37		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
INFOR (US), LLC					81489.89		1181.60	
13560 Morris Road				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS		
Suite 4100 Alpharetta GA 30004								
Alpharetta GA 30004						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		
Khursheed	Alam					С	26.49	
1312 Deerfield Point				14. OTHER		W	333.44	
ALPHARETTA GA 30004						DD	4525.00	
USA							REMENT THIRD-PARTY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETI		
15. STATE EMPLOYER'S STATE ID NUMB	R 16. STATE WAGES, T	TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
GA 3073982-OP	8	81489.89		4261.53				