

22222	VOID <input type="checkbox"/>	a Employee's social security number <b>578-45-9258</b>	OMB No. 1545-0008	
b Employer identification number (EIN) <b>66-0907460</b>		1 Wages, tips, other compensation <b>194844.71</b>	2 VI income tax withheld <b>33725.00</b>	
c Employer's name, address, and ZIP code <b>CINNAMON BAY SERVICING, INC.</b>  <b>P O BOX 6347</b>  <b>ST. THOMAS VI 00804</b>		3 Social security wages <b>147000.00</b>	4 Social security tax withheld <b>9114.00</b>	
		5 Medicare wages and tips <b>215344.71</b>	6 Medicare tax withheld <b>3260.60</b>	
		7 Social security tips	8	
d Control number		9	10	
e Employee's name, address, and ZIP code <b>SRIRAM K BHAGAVATHULA</b> <b>6100 RED HOOK QUARTERS SUITE C3-</b> <b>ST. THOMAS VI 00802</b>		Suff. 11 Nonqualified plans	12a See instructions for box 12 <b>D 20500.00</b>	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
		14 Other	12c	
			12d	

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement  
Copy 1—For VI Bureau of Internal Revenue or Copy D—For Employer

**2022**

Department of the Treasury—Internal Revenue Service  
This information is being furnished to the V.I. Bureau of Internal Revenue.

22222	VOID <input type="checkbox"/>	a Employee's social security number <b>109-72-3348</b>	OMB No. 1545-0008	
b Employer identification number (EIN) <b>66-0907460</b>		1 Wages, tips, other compensation <b>3666.59</b>	2 VI income tax withheld <b>349.00</b>	
c Employer's name, address, and ZIP code <b>CINNAMON BAY SERVICING, INC.</b>  <b>P O BOX 6347</b>  <b>ST. THOMAS VI 00804</b>		3 Social security wages <b>3666.59</b>	4 Social security tax withheld <b>227.33</b>	
		5 Medicare wages and tips <b>3666.59</b>	6 Medicare tax withheld <b>53.17</b>	
		7 Social security tips	8	
d Control number		9	10	
e Employee's name, address, and ZIP code <b>DANIEL C CHARLES</b> <b>P.O. BOX 982 6501 RED</b> <b>ST. THOMAS VI 00802</b>		Suff. 11 Nonqualified plans	12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
		14 Other	12c	
			12d	

Form **W-2VI** U.S. Virgin Islands Wage and Tax Statement  
Copy 1—For VI Bureau of Internal Revenue or Copy D—For Employer

**2022**

Department of the Treasury—Internal Revenue Service  
This information is being furnished to the V.I. Bureau of Internal Revenue.