

|   |   |   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
|---|---|---|--|---|--|---------------|---------------------|----------------|-------------|----------|----------|---------------|--------|--------|-----------------|-------|-------|----------|--|--|---------------|-----------|--|-------------|--|--|-------------------------|--|--|-----------|----------|----------|--|--|----------|
| <p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</p> <p>Form W-2 Wage and Tax Statement 2022<br/>Copy C—For EMPLOYEE'S RECORDS</p> |   |   |  | <table border="1"> <tr> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 &amp; 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>62099.14</td> <td>62099.14</td> </tr> <tr> <td>Txbl Benefits</td> <td>246.40</td> <td>246.40</td> </tr> <tr> <td>Group Term Life</td> <td>32.71</td> <td>32.71</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(2083.30)</td> <td></td> </tr> <tr> <td>Section 125</td> <td></td> <td></td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>60294.95</td> <td>62378.25</td> </tr> <tr> <td></td> <td></td> <td>62378.25</td> </tr> </table> |  | Federal Box 1 | Soc. Sec. Box 3 & 7 | Medicare Box 5 | Gross Wages | 62099.14 | 62099.14 | Txbl Benefits | 246.40 | 246.40 | Group Term Life | 32.71 | 32.71 | Adoption |  |  | Deferred Comp | (2083.30) |  | Section 125 |  |  | Other Pretax/Wage Limit |  |  | W-2 Wages | 60294.95 | 62378.25 |  |  | 62378.25 |
| Federal Box 1   | Soc. Sec. Box 3 & 7                                 | Medicare Box 5                                |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Gross Wages   | 62099.14  | 62099.14                                      |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Txbl Benefits   | 246.40  | 246.40  |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Group Term Life   | 32.71   | 32.71   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Adoption  |   |   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Deferred Comp   | (2083.30)   |   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Section 125   |   |   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| Other Pretax/Wage Limit   |   |   |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| W-2 Wages   | 60294.95  | 62378.25                                      |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
|   |   | 62378.25                                      |  |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| D. CONTROL NUMBER<br>000005934401   | 2022  | OMB NO. 1545-0008                             | 1. WAGES, TIPS, OTHER COMPENSATION<br>60294.95 | 2. FEDERAL INCOME TAX WITHHELD<br>6792.27   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>27-3815042   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>095-33-7609 |   | 3. SOCIAL SECURITY WAGES<br>62378.25           | 4. SOCIAL SECURITY TAX WITHHELD<br>3867.45  |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Bridge Solution Group Corp<br>155 N Wacker Drive<br>Suite 4250<br>Chicago IL 60606   |   |   | 5. MEDICARE WAGES AND TIPS<br>62378.25         | 6. MEDICARE TAX WITHHELD<br>904.48  |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Jyothi D<br>LAST NAME<br>Gargeswari<br>SUFF.<br>8604 Valley Ranch Parkway W<br>Apt 1007<br>Irving TX 75063<br>USA   |   |   | 7. SOCIAL SECURITY TIPS                        | 8. ALLOCATED TIPS   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
|   |   |   | 9.   | 10. DEPENDENT CARE BENEFITS   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |   |   | 11. NONQUALIFIED PLANS                         | 12.a-d See instructions for box 12<br>C 32.71<br>D 2083.30<br>DD 3153.60  |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| 13. STATUTORY EMPLOYEE <input type="checkbox"/>   | RETIREMENT PLAN <input checked="" type="checkbox"/> | THIRD-PARTY SICK PAY <input type="checkbox"/> | 14. OTHER                                      |   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
| 15. STATE   | EMPLOYER'S STATE ID NUMBER                          | 16. STATE WAGES, TIPS, ETC.                   | 17. STATE INCOME TAX                           | 18. LOCAL WAGES, TIPS, ETC.   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
|   |   |   |  | 19. LOCAL INCOME TAX  |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |
|   |   |   |  | 20. LOCALITY NAME   |  |               |                     |                |             |          |          |               |        |        |                 |       |       |          |  |  |               |           |  |             |  |  |                         |  |  |           |          |          |  |  |          |

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|---|---|---|--|--|
| D. CONTROL NUMBER<br>000005934401   | 2022  | OMB NO. 1545-0008                             | 1. WAGES, TIPS, OTHER COMPENSATION<br>60294.95 | 2. FEDERAL INCOME TAX WITHHELD<br>6792.27                                |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>27-3815042   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>095-33-7609 |   | 3. SOCIAL SECURITY WAGES<br>62378.25           | 4. SOCIAL SECURITY TAX WITHHELD<br>3867.45                               |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Bridge Solution Group Corp<br>155 N Wacker Drive<br>Suite 4250<br>Chicago IL 60606                           |   |   | 5. MEDICARE WAGES AND TIPS<br>62378.25         | 6. MEDICARE TAX WITHHELD<br>904.48                                       |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Jyothi D<br>LAST NAME<br>Gargeswari<br>SUFF.<br>8604 Valley Ranch Parkway W<br>Apt 1007<br>Irving TX 75063<br>USA |   |   | 7. SOCIAL SECURITY TIPS                        | 8. ALLOCATED TIPS  |
|   |   |   | 9.   | 10. DEPENDENT CARE BENEFITS  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |   |   | 11. NONQUALIFIED PLANS                         | 12.a-d See instructions for box 12<br>C 32.71<br>D 2083.30<br>DD 3153.60 |
| 13. STATUTORY EMPLOYEE <input type="checkbox"/>   | RETIREMENT PLAN <input checked="" type="checkbox"/> | THIRD-PARTY SICK PAY <input type="checkbox"/> | 14. OTHER                                      |  |
| 15. STATE   | EMPLOYER'S STATE ID NUMBER                          | 16. STATE WAGES, TIPS, ETC.                   | 17. STATE INCOME TAX                           | 18. LOCAL WAGES, TIPS, ETC.  |
|   |   |   |  | 19. LOCAL INCOME TAX   |
|   |   |   |  | 20. LOCALITY NAME  |

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FORM W-2 Wage and Tax Statement

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|---|---|---|--|--|
| D. CONTROL NUMBER<br>000005934401   | 2022  | OMB NO. 1545-0008                             | 1. WAGES, TIPS, OTHER COMPENSATION<br>60294.95 | 2. FEDERAL INCOME TAX WITHHELD<br>6792.27                                |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>27-3815042   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>095-33-7609 |   | 3. SOCIAL SECURITY WAGES<br>62378.25           | 4. SOCIAL SECURITY TAX WITHHELD<br>3867.45                               |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Bridge Solution Group Corp<br>155 N Wacker Drive<br>Suite 4250<br>Chicago IL 60606                           |   |   | 5. MEDICARE WAGES AND TIPS<br>62378.25         | 6. MEDICARE TAX WITHHELD<br>904.48                                       |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Jyothi D<br>LAST NAME<br>Gargeswari<br>SUFF.<br>8604 Valley Ranch Parkway W<br>Apt 1007<br>Irving TX 75063<br>USA |   |   | 7. SOCIAL SECURITY TIPS                        | 8. ALLOCATED TIPS  |
|   |   |   | 9.   | 10. DEPENDENT CARE BENEFITS  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |   |   | 11. NONQUALIFIED PLANS                         | 12.a-d See instructions for box 12<br>C 32.71<br>D 2083.30<br>DD 3153.60 |
| 13. STATUTORY EMPLOYEE <input type="checkbox"/>   | RETIREMENT PLAN <input checked="" type="checkbox"/> | THIRD-PARTY SICK PAY <input type="checkbox"/> | 14. OTHER                                      |  |
| 15. STATE   | EMPLOYER'S STATE ID NUMBER                          | 16. STATE WAGES, TIPS, ETC.                   | 17. STATE INCOME TAX                           | 18. LOCAL WAGES, TIPS, ETC.  |
|   |   |   |  | 19. LOCAL INCOME TAX   |
|   |   |   |  | 20. LOCALITY NAME  |

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FORM W-2 Wage and Tax Statement

|   |   |   |  |  |
|---|---|---|--|--|
| D. CONTROL NUMBER<br>000005934401   | 2022  | OMB NO. 1545-0008                             | 1. WAGES, TIPS, OTHER COMPENSATION<br>60294.95 | 2. FEDERAL INCOME TAX WITHHELD<br>6792.27                                |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>27-3815042   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>095-33-7609 |   | 3. SOCIAL SECURITY WAGES<br>62378.25           | 4. SOCIAL SECURITY TAX WITHHELD<br>3867.45                               |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Bridge Solution Group Corp<br>155 N Wacker Drive<br>Suite 4250<br>Chicago IL 60606                           |   |   | 5. MEDICARE WAGES AND TIPS<br>62378.25         | 6. MEDICARE TAX WITHHELD<br>904.48                                       |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Jyothi D<br>LAST NAME<br>Gargeswari<br>SUFF.<br>8604 Valley Ranch Parkway W<br>Apt 1007<br>Irving TX 75063<br>USA |   |   | 7. SOCIAL SECURITY TIPS                        | 8. ALLOCATED TIPS  |
|   |   |   | 9.   | 10. DEPENDENT CARE BENEFITS  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |   |   | 11. NONQUALIFIED PLANS                         | 12.a-d See instructions for box 12<br>C 32.71<br>D 2083.30<br>DD 3153.60 |
| 13. STATUTORY EMPLOYEE <input type="checkbox"/>   | RETIREMENT PLAN <input checked="" type="checkbox"/> | THIRD-PARTY SICK PAY <input type="checkbox"/> | 14. OTHER                                      |  |
| 15. STATE   | EMPLOYER'S STATE ID NUMBER                          | 16. STATE WAGES, TIPS, ETC.                   | 17. STATE INCOME TAX                           | 18. LOCAL WAGES, TIPS, ETC.  |
|   |   |   |  | 19. LOCAL INCOME TAX   |
|   |   |   |  | 20. LOCALITY NAME  |

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FORM W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service