								Federal Box 1	Soc. Sec. Box 3	& 7 Medicare Box 5	
to the right is an explanation of your in 2 mages.						Gross Wage		62099 246			
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.						Group Term Adoption	Life	32	2.71 32	.71 32.71	
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Deferred Co Section 125 Other Preta	•	(2083.	30)		
					W-2 Wages	,	60294	1.95 62378	.25 62378.25		
D. CONTROL NUMBER 000005934401	20			OMB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 60294.95		2. FEDERAL INCOME TAX WITHHELD 6792.27			
B. EMPLOYER IDENTIFICA 27-3815042	TIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES 62378.25			4. SOCIAL SECURITY TAX WITHHELD 3867.45		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Bridge Solution Group Corp						5. MEDICARE WAGES AND TIPS 62378.25				6. MEDICARE TAX WITHHELD 904.48	
155 N Wacker Drive Suite 4250 Chicago IL 60606						7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
Cincago IL 00000						9. 10. DEPENDENT CARE BENEFITS			BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Jyothi D Gargeswari						11. NONQUALIFIED PLANS		12.a-d See instructions for box 12 C 32.71			
8604 Valley Ranch Parkway W Apt 1007 Irving TX 75063						14. OTHER			D DD	2083.30 3153.60	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T					AX	18. LOCAL WAGES	5, TIPS, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMBER					1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD	
000005934401				OMB NO. 1545-000	3	60294.95		6792.27	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD		
27-3815042 095-33-7609					62378.25		3867.45		
C. EMPLOYER'S NAME, A	ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
Bridge Solution Grou	ıp Corp					62378.25		904.48	
155 N Wacker Drive Suite 4250 Chicago IL 60606						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Chicago IL 00000					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUAL	IFIED PLANS	12.a-d			
Jyothi D Gargeswari						С	32.71		
OCOA Velley Devel Devleyey W							D	2083.30	
8604 Valley Ranch Parkway W Apt 1007					14. OTHER		DD	3153.60	
Irving TX 75063									
USA F. EMPLOYEE'S ADDRES	S AND ZIP CODE						13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER	'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000005934401	20	022 OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 60294.95	2. FEDERAL INCOM	ME TAX WITHHELD 6792.27	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL S 27-3815042 095-33-7609			IAL SECURITY NUMBER		3. SOCIAL SECURITY WAGES 62378.25		4. SOCIAL SECURITY TAX WITHHELD 3867.45	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C Bridge Solution Group Corp	ODE			5. MEDICARE	WAGES AND TIPS 62378.25	6. MEDICARE TAX	6. MEDICARE TAX WITHHELD 904.48	
155 N Wacker Drive Suite 4250 Chicago IL 60606				7. SOCIAL SEC	URITY TIPS	8. ALLOCATED TIP	8. ALLOCATED TIPS	
Cincago IL 00000				9.		10. DEPENDENT CA	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Jyothi D				11. NONQUALIFIED PLANS		12.a-d C	32.71	
8604 Valley Ranch Parkway W Apt 1007 Irving TX 75063				14. OTHER		D DD	2083.30 3153.60	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							RETIREMENT X THIRD-PARTY PLAN SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, 1	TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TA	20. LOCALITY NAME	

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

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

							T	
D. CONTROL NUMBER		OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	
000005934401	2022	2 01111	NO. 1343-0006	60294.95			6792.27	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						4. SOCIAL SECURITY TAX WITHHELD	
27-3815042 095-33-7609					62378.25		3867.45	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD	
Bridge Solution Group Corp		62378.25			904.48			
155 N Wacker Drive Suite 4250 Chicago IL 60606		7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
Cincago IL 00000				9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for	box 12
Jyothi D Gargeswari							С	32.71
l '				14. OTHER			D	2083.30
8604 Valley Ranch Parkway W		14. OTHER			DD	3153.60		
Apt 1007 Irving TX 75063								
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY
5. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME				AX	18. LOCAL WAGES, TIPS, E	TC. 19	LOCAL INCOME TAX	20. LOCALITY NAME