2022 W-2 and EARNINGS SUMMARY



Employee

CLI2/CTS

Reference Wage and Tax

Copy

Statement Copy C for employee's record Control number Dept.

SH1323

Employer use only 9790

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

e/f Employee's name, address, and ZIP code VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

b	Emplo	yer's FED ID number	а	Е	mple		s SS			
1	Wago	13-3924155 s, tips, other comp.	2	-	'a al a u		X-X			hheld
1	waye	· · · ·	-	-	eaer	aı ın	come			
		122298.63						10	037	7.61
3	Socia	I security wages	4	S	Socia	l se	curity	tax	(with	nheld
		130483.70						8	808	9.99
5	Medic	are wages and tips	6	N	ledic	are	tax w	ithl	neld	
		130483.70						•	189	2.01
7	Socia	security tips	8	Α	lloca	ted	tips			
9			10	D	epen	den	t care	be	nefit	s
11	Nonq	ualified plans	12	aS	See ins	struc	tions f		ox 12	21
			12	b	ň				85.	
14	Other	000/4/20 DIPP#	12	c	w				200.	
		118.15 SUI 20.80 DI	12	d					376	
		65.26 FLI 65.28 NJVPDI	13			ıp R	et. plai	1 3rc	party	sick pay
15	State	Employer's state ID no	o. 16	3 S	tate	wag	es, ti	ps,	etc.	
		TOTAL STATE								
17	State	income tax	18	3 L	ocal	wag	jes, ti	ps,	etc.	
		6011.89								
19	Local	income tax	20) L	ocal	ity n	ame			
			- 1							

_			_			
1	Wages, tips, other of		2	Federa	I incom	e tax withheld
	1222	98.63				10377.61
3	Social security wag		4	Social	securit	y tax withheld
	1304	83.70				8089.99
5	Medicare wages and 1304	d tips	6 Medicare tax withheld			
	1304	83.70				1892.01
d	Control number	Dept.		Corp.	Emp	loyer use only
46	2382 CLI2/CTS	SH1323			Α	9790

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a	See C	instructions for box 12 244.21		
14	Other	12b	D	8185.07		
	08674726 DIPP# 118.15 SUI	12c	W	4200.00		
	20.80 DI 65.26 FLI		AΑ	676.78		
	65.28 NJVPDI	13 S	tat em	np. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 Stat	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 Stat	e income tax 6011.89	18 Local wages, tips, etc.
19 Loc	al income tax	20 Locality name
	Federal Fili	na Conv

Wage and Statement

Copy B to be filed with employee's Federal Income Tax Retur

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	136,707.97	136,707.97	136,707.97	30,938.76
Plus GTL (C-Box 12)	244.21	244.21	244.21	51.18
Less 401(k) (D-Box 12)	8,185.07	N/A	N/A	1,856.34
Less Medical FSA	249.84	249.84	249.84	52.78
Less Other Cafe 125	3,218.64	3,218.64	3,218.64	680.16
Less Cafe 125 HSA (W-Box 12)	3,000.00	3,000.00	3,000.00	633.95
Reported W-2 Wages	122,298.63	130,483.70	130,483.70	27,766.71

2. Employee Name and Address.

VIJAYAKUMAR **KANNAN** 234 BROMLEY NJ 08691-3046 ROBBINSVILLE

* New York requires total Federal wages to be reported in Box 16.

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1	1 Wages, tips, other comp. 122298.63			2 Federal income tax withheld 10377.61			
3	3 Social security wages 130483.70			4 Social security tax withheld 8089.99			
5	5 Medicare wages and tips 130483.70			6 Medicare tax withheld 1892.01			
d	Contr	ol number	Dept.	Corp.	Emplo	yer use only	
46	2382	CLI2/CTS	SH1323		Α	9790	

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a	C _I		51.18	
14	Other	12b	DΪ		1856.34	
	20.80 NY SDI	12c \	N		633.95	
	423.71 NY PFL	12d A	A		154.22	
		13 Stat	emp.	Ret. plan	3rd party sick pay	

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State	Employer's state ID no. 13-3924155	16 State wages, tips, etc. 122298.63
17 State	income tax	18 Local wages, tips, etc.
	1394.58	
19 Loca	income tax	20 Locality name
	NY.State Ref	erence Copy
W-	Wage an	^{1d Tax} 2022

Statement

Copy 2 to be filed with employee's State Income Tax Reti

1	Wages, tips, other comp. 122298.63			2 Federal income tax withheld 10377.61				
3	Social security wages 130483.70			4 Social security tax withheld 8089.99				
5	Medicare wages and tips 130483.70			6 Medicare tax withheld 1892.01				
d	Control number	Dept.		Corp.	Employe	er use only		
46	2382 CLI2/CTS	SH1323			Α	9790		

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				benefits
11	Nonqualified plans	12a	С			51.18
14	Other	12b	D		•	1856.34
	20.80 NY SDI	12c	W			633.95
	423.71 NY PFL	12d	AΑ			154.22
		13 5	Stat er	np.	Ret. plan	3rd party sick pag

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State NY	Employer's state ID no. 13-3924155	16 State wages, tips, etc. 122298.63
17 State	income tax	18 Local wages, tips, etc.
	1394.58	
19 Loca	income tax	20 Locality name

Filing Сору NY.State

Wage and Statement Copy 2 to be filed with employee's State Income Tax

Employee	Сору						
VV-Z	age ar Stateme		2022 OMB No. 1545-0008				
Copy C for employee's record Control number	Dept.	Corp.	Employer use only				
	SH1323	Об.р.	A 9791				
: Employer's name, address, and ZIP code							

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

e/f Employee's name, address, and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215
1	Wages, tips, other comp.	2 Federal income tax withheld
3	Social security wages	4 Social security tax withheld
5	Medicare wages and tips	6 Medicare tax withheld
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 11222.28
14	Other	12b
١.,	423.71 PEL	12c
1	425.71111	12d
		13 Stat emp. Ret. plan 3rd party sick pay
15	State Employer's state ID no TOTAL STATE	. 16 State wages, tips, etc.
	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

1 Wages, tips, other comp.			2 Federal income tax withheld				
3 So	3 Social security wages			4 Social security tax withheld			
5 Medicare wages and tips		6 Medic	are tax withheld				
d Co	ntrol number	Dept.	Corp.	Employer use only			
46238	CLI2/CTS	SH1323		A 9791			

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 DD 11222.28				
14	Other	12b				
	423.71 PFL	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
~/4	Employee's name address	and ZID code				

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Fili	ng Copy		
W-2 Wage an	/!!//		
Copy B to be filed with employee's Fe	OMB No. 1545-0008 deral Income Tax Return.		

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

VIJAYAKUMAR **KANNAN** 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

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NJ. State Wages, NJ. State Wages,

AP.

NJ.State Reference Copy

Wage and Tax
Statement

Copy 2 to be filed with employee's State Income Tax Return.

462382 CLI2/CTS SH1323 A 9792

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

e/f Employee's name, address, and ZIP code VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

Employer's FED ID number a Employee's SSA number 13-3924155 XXX-XX-7215 ages, tips, other comp Federal income tax withheld 122298.63 10377.61 Social security wages Social security tax withheld 130483.70 8089.99 Medicare wages and tips 6 Medicare tax withheld 130483.70 1892.01 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 193.03 6328.73 3566.05 522.56 14 Other 118.15 UI/WF/SWF 12d **AA** 65.26 FLI 65.28 NJVPDI 13 Stat emp Ret. plan 3rd party sick pay 08674726 DI PP# 15 State Employer's state ID no. 16 State wages, tips, etc. 133924155/000 NJ 100833.51 18 Local wages, tips, etc. 4600.46 19 Local income tax 20 Locality name

 1
 Wages, tips, other comp. 122298.63
 2
 Federal income tax withheld 10377.61

 3
 Social security wages 130483.70
 4
 Social security tax withheld 8089.99

 5
 Medicare wages and tips 130483.70
 6
 Medicare tax withheld 1892.01

 d
 Control number 262382
 Dept. 262382
 CLI2/CTS
 Corp. 262382
 Employer use only 2792

Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

İ						
b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a	See C	instructions for box 12 193.03		
14	Other	12b	D	6328.73		
	118.15 UI/WF/SWF	12c	W	3566.05		
65.26 FLI		12d	AΑ	522.56		
	65.28 NJVPDI 08674726 DI PP#	13 S	tat en	np. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State Employer's state ID n 133924155/000		o. 16 State wages, tips, etc. 100833.51			
17 State income tax		18 Local wages, tips, etc.			
	4600.46				
19 Local income tax		20 Locality name			
	NJ.State Filir	ng Copy			

W-2 Wage and Tax Statement OMB No. 1545-00 Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Tips, Etc. Box 16 of W-2	Tips, Etc. Box 16 of W-2
Gross Pay	105,769.21	30,938.76
Plus GTL (C-Box 12)	193.03	51.18
Less 401(k) (D-Box 12)	6,328.73	1,856.34
Less Medical FSA	N/A	N/A
Less Other Cafe 125	N/A	N/A
Less Cafe 125 HSA (W-Box 12)	N/A	N/A
Plus ER PAID HSA (W-Box 12)	1,200.00	0.00
Reported W-2 Wages	100,833.51	29,133.60

2. Employee Name and Address.

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

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1 Wages, tips, other comp. 122298.63			2 Federal income tax withheld 10377.61			
3	Social security was	4 Social security tax withheld 8089.99				
5 Medicare wages and tips 130483.70			6 Medicare tax withheld 1892.01			
d	Control number	Dept.	Corp. Employer use only			
46	2382 CLI2/CTS	SH1323		Α	9792	

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a C 51.18				
14	Other	^{12b} D 1856.34				
	08674726 DIPP#	^{12c} W 633.95				
	08674726 DIPP#	^{12d} AA 154.22				
		13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State NJ	Employer's state ID no 133924155/000	. 16 State wages, tips, etc. 29133.60			
17 State	income tax	18 Local wages, tips, etc.			
	16.85				
19 Local	income tax	20 Locality name			
	NJ.State Re	ference Copy			
\	Wage a	nd Tax ana			

Statement

Copy 2 to be filed with employee's State Income Tax Retu

1	Wages, tips, other 1222	comp. 98.63	2 Federal income tax withheld 10377.61			
3	Social security was 1304	ges 83.70	4 Social security tax withheld 8089.99			
5 Medicare wages and tips 130483.70			6 Medicare tax withheld 1892.01			
d	d Control number Dept.		Corp. Employer use or			
462382 CLI2/CTS SH1323			A 9792			

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits			benefits	
11	Nonqualified plans	12a	С	ı		51.18
14	Other	12b	D		•	1856.34
	08674726 DI PP#	12c	W			633.95
	08674726 DI PP#		AΑ			154.22
		13 :	Stat er	mp.	Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State Employer's state ID no. 133924155/000	16 State wages, tips, etc. 29133.60
17 State income tax 16.85	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NII Otata Ellia	0

NJ.State Filing Copy

Wage and Tax

W-2 Statement 2 OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

I	NJ.State	Re	ference	Сору		
M 2	Wa	age a	nd Ta	x 20	22	
VV-Z		atement		OMB No	. 1545-0008	
Copy 2 to be filed	with emplo	yee's State	Income T	ax Return.		
Control nui	mber	Dept.	Corp.	Employe	r use only	
462382 CLI	2/CTS	SH1323		Α	9793	
· Fmnlover'	Employer's name address and ZIP code					

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

Batch #02305

e/f Employee's name, address, and ZIP code VIJAYAKUMAR KANNAN 234 BROMLEY PL

ROBBINSVILLE NJ 08691-3046

b	Emplo		D ID nu 24155		а	Emp		ee's SS. (XX-X)		
1	Wage	s, tips, c	ther cor	np.	2	Fede	ral	income	tax wi	thheld
3	Socia	l securit	y wages		4	Socia	al s	security	tax wi	thheld
5	Medic	are wag	es and t	ips	6	Medi	ca	re tax wi	thheld	l
7	Social	securit	y tips		8	Alloc	ate	ed tips		
9					10	Depe	nd	ent care	benef	fits
11	Nonqu	ualified p	olans			DD		uctions fo	r box 12 1222	
14	Other				12		<u> </u> 			
				Ì	12	d	i			
					13	Stat e	mp	Ret. plan	3rd par	ty sick pa
			er's stat 4155/0		. 16	State	W	ages, tip	s, etc.	
17	State	income t	ax		18	Loca	l w	ages, tip	s, etc	
19	Local	income	tax		20	Loca	lity	name		

1	1 Wages, tips, other comp.			2 Federal income tax withheld				
3 Social security wages			4	Social	security tax withheld			
5	Medic	are wages an	d tips	6	Medica	are tax withheld		
d	Contr	ol number	Dept.		Corp.	Employer use only		
46	2382	CLI2/CTS	SH1323			A 9793		

c Employer's name, address, and ZIP code

COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845

b	Employer's FED ID number 13-3924155	a Employee's SSA number XXX-XX-7215				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See i DD		ns for box 12 11222.28		
14	Other	12b				
		12c				
		12d				
		13 Stat em	p. Ret. plan X	3rd party sick pay		
~ IE	Employee's name address or	d 71D 000	-			

e/f Employee's name, address and ZIP code

VIJAYAKUMAR KANNAN 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

15 State NJ	Employer's state ID no. 133924155/000	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	NJ.State Filin	ng Copy
	Wage an Statemer e filed with employee's State	nt OMB No. 1545-0008

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

VIJAYAKUMAR **KANNAN** 234 BROMLEY PL ROBBINSVILLE NJ 08691-3046

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Instructions for Employee

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 wages 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.

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)

T- 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).

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.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

 $\mbox{\bf HH--}\mbox{Aggregate}$ deterrals 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 work record and/or earnings in a particular year.

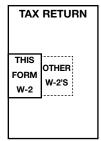
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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 inmate 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 health coverage is for your information only. The amount reported with code DD is not taxable.

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.