| Form W-2 Wage and Tax Statement                                                                                                     | 2022                               | 7 Social secu            | rity tips                                                                                                                           |                    | 1 wages, tips, other com<br>17                | <sub>p.</sub><br>10.30 | 2 Federal                            | 15.26                                                         | 6 |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|------------------------|--------------------------------------|---------------------------------------------------------------|---|
| c Employer's name, address, and ZIP code<br>STATE OF CONNECTICUT                                                                    |                                    | 8 Allocated ti           | 8 Allocated tips                                                                                                                    |                    | 3 Social security wages 532.80                |                        | 4 Social security tax withheld 33.03 |                                                               |   |
| OFFICE OF THE STATE COMPTROLLER<br>165 CAPITOL AVENUE<br>HARTFORD CT 06106-1667                                                     |                                    | 9                        |                                                                                                                                     |                    | 5 Medicare wages and tips 532.80              |                        | 6 Medicare tax withheld 7.73         |                                                               |   |
|                                                                                                                                     |                                    | 10 Depender              | 10 Dependent care benefits                                                                                                          |                    | 11 Nonqualified plans                         |                        | 12a See instructions for box 12      |                                                               |   |
| e Employee's name, address, and ZIP code<br>KRISHNA PRIYA DIRISALA<br>100 WELLS ST APT 601<br>BUSHNELL ON THE PARK UOC01519 UOC00DO |                                    | 13 Statutory<br>employee | Retirement Thi<br>plan sic                                                                                                          | ird-party<br>k pay | 14 Other<br>CTPL                              | 8.55                   | 12b                                  |                                                               |   |
|                                                                                                                                     |                                    |                          | <ul> <li>b Employer identification number (EIN)<br/>06-6000798</li> <li>a Employee's social security no.<br/>XXX-XX-5554</li> </ul> |                    |                                               |                        | 12c                                  | [                                                             |   |
|                                                                                                                                     |                                    |                          |                                                                                                                                     |                    |                                               |                        | 12d                                  |                                                               |   |
| HARTFORD CT 06103                                                                                                                   |                                    |                          |                                                                                                                                     |                    |                                               |                        |                                      |                                                               |   |
| 15 State         Employer's state ID no.         16           CT         CT0502633-002         16                                   | State wages, tips, etc.<br>1710.30 | 17 State incor           | me tax<br>119.55                                                                                                                    |                    | cal wages, tips, etc.                         | 19 Local inc           | ome tax                              | 20 Locality name                                              |   |
| Copy B To Be Filed With Employee's FEDERAL Tax                                                                                      | Return                             | This information         | is being furnishe                                                                                                                   |                    | Internal Revenue Service.<br>IB No. 1545-0008 |                        |                                      | ept. of the Treasury - IRS<br>S Web Site at www.irs.gov/efile |   |

| This information is being fumished 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                 |

|                                                                                                              |                                           | ed on you if this income                    | is taxable and you fail to report it  |                                     |                                     |                       |  |  |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------|--|--|
| Form W-2 Wage and Tax Statement                                                                              | 7 Social security tips                    |                                             | 1 Wages, tips, other comp.<br>1710.30 |                                     | 2 Federal income tax withheld 15.26 |                       |  |  |
| c Employer's name, address, and ZIP code<br>STATE OF CONNECTICUT                                             |                                           | 8 Allocated tips 3 Social security wages    |                                       | s 4 Social security tax with 532.80 |                                     | ty tax withheld 33.03 |  |  |
| OFFICE OF THE STATE COMPT                                                                                    | 9                                         | 5 Medicare wages and                        | tips<br>532.80                        | 6 Medicare tax withheld 7.73        |                                     |                       |  |  |
| 165 CAPITOL AVENUE<br>HARTFORD CT 06106-1667                                                                 | 10 Dependent care benefits                | 11 Nonqualified plans                       |                                       |                                     | 12a See instructions for box 12     |                       |  |  |
| e Employee's name, address, and ZIP code                                                                     |                                           | 13 Statutory Retirement Third sick plan     | -party<br>bay 14 Other                |                                     | 12b                                 |                       |  |  |
| KRISHNA PRIYA DIRISALA<br>100 WELLS ST APT 601<br>BUSHNELL ON THE PARK UOC01519 UOC00DO<br>HARTFORD CT 06103 |                                           |                                             | CTPL                                  | 8.55                                | Code                                |                       |  |  |
|                                                                                                              |                                           | <b>b</b> Employer identification numb       | per (EIN)                             |                                     | 12c                                 |                       |  |  |
|                                                                                                              |                                           | 06-6000798                                  |                                       |                                     |                                     | 00<br>de              |  |  |
|                                                                                                              |                                           | a Employee's social security no XXX-XX-5554 | D.                                    |                                     |                                     |                       |  |  |
| 15 StateEmployer's state ID no.CTCT0502633-002                                                               | <b>16</b> State wages, tips, etc. 1710.30 | 17 State income tax<br>119.55               | 18 Local wages, tips, etc.            | 19 Local inc                        | ome tax                             | 20 Locality name      |  |  |
| Copy C For EMPLOYEE'S RECORDS (See Notice                                                                    |                                           |                                             | OMB No. 1545-0008                     |                                     | Dept. of                            | the Treasury - IRS    |  |  |

OMB No. 1545-0008

| Form W-2 Wage and Tax Statement                                                                              | 2022                                  | 7 Social security tips                             |                 | 1 Wages, tips, other com<br>1    | <sub>пр.</sub><br>710.30 | 2 Federal in                            | come tax withheld<br>15.26 |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|-----------------|----------------------------------|--------------------------|-----------------------------------------|----------------------------|--|
| c Employer's name, address, and ZIP code<br>STATE OF CONNECTICUT                                             |                                       | 8 Allocated tips                                   |                 | 3 Social security wages 532.80   |                          | 4 Social security tax withheld<br>33.03 |                            |  |
| 165 CAPITOL AVENUE                                                                                           |                                       | 9                                                  |                 | 5 Medicare wages and tips 532.80 |                          | 6 Medicare tax withheld 7.73            |                            |  |
|                                                                                                              |                                       | 10 Dependent care benefits                         |                 | 11 Nonqualified plans            |                          | 12a                                     |                            |  |
| e Employee's name, address, and ZIP code                                                                     |                                       | 13 Statutory Retirement Thi<br>employee plan sick  | sicpuy          | 14 Other                         | 0 55                     | <b>12b</b>                              |                            |  |
| KRISHNA PRIYA DIRISALA<br>100 WELLS ST APT 601<br>BUSHNELL ON THE PARK UOC01519 UOC00DO<br>HARTFORD CT 06103 |                                       | <b>b</b> Employer identification num<br>06-6000798 | nber (EIN)      | CTPL                             | 8.55                     | <b>12c</b>                              |                            |  |
|                                                                                                              |                                       | a Employee's social security no.<br>XXX-XX-5554    |                 |                                  |                          | 12d                                     |                            |  |
| 15 State         Employer's state ID no.           CT         CT0502633-002                                  | 16 State wages, tips, etc.<br>1710.30 | 17 State income tax<br>119.55                      |                 | ıl wages, tips, etc.             | 19 Local inc             | ome tax                                 | 20 Locality name           |  |
| Copy 2 To Be Filed With Employee's State, City,                                                              | n                                     | OMB                                                | 3 No. 1545-0008 | 1                                | Dept                     | of the Treasury - IRS                   |                            |  |

| Form W-2 Wage and Tax Statemen                                                                                                                           | t 2022                                       | 7 Social security tips                                                                                                 |                     | 1 Wages, tips, other com<br>1                                | <sup>np.</sup><br>710.30 | 2 Federal in                         | come tax withheld<br>15.26 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------|--------------------------|--------------------------------------|----------------------------|
| c Employer's name, address, and ZIP code<br>STATE OF CONNECTICUT                                                                                         |                                              | 8 Allocated tips                                                                                                       |                     | 3 Social security wages 532.80                               |                          | 4 Social security tax withheld 33.03 |                            |
| OFFICE OF THE STATE COMPTROLLER<br>165 CAPITOL AVENUE<br>HARTFORD CT 06106-1667                                                                          |                                              | 9 10 Dependent care benefits                                                                                           |                     | 5 Medicare wages and tips<br>532.80<br>11 Nonqualified plans |                          | 6 Medicare tax withheld 7.73         |                            |
|                                                                                                                                                          |                                              |                                                                                                                        |                     |                                                              |                          | 12a                                  |                            |
| e Employee's name, address, and ZIP code<br>KRISHNA PRIYA DIRISALA<br>100 WELLS ST APT 601<br>BUSHNELL ON THE PARK UOC01519 UOC00DO<br>HARTFORD CT 06103 |                                              | 13 Statutory Retirement Th<br>employee plan sid                                                                        | ird-party<br>ck pay | 14 Other                                                     |                          | 12b                                  |                            |
|                                                                                                                                                          |                                              | b Employer identification number (EIN)         06-6000798         a Employee's social security no.         XXX-XX-5554 |                     | CTPL                                                         | 8.55                     | 12c                                  |                            |
|                                                                                                                                                          |                                              |                                                                                                                        |                     |                                                              |                          | 12d                                  |                            |
| 15 State         Employer's state ID no.           CT         CT0502633-002                                                                              | <b>16</b> State wages, tips, etc.<br>1710.30 | 17 State income tax<br>119.55                                                                                          |                     | al wages, tips, etc.                                         | 19 Local inc             | ome tax                              | 20 Locality name           |
| Copy 2 To Be Filed With Employee's State, City,                                                                                                          | or Local Income Tax Retur                    | <b>n</b> L87                                                                                                           | OM                  | 1B No. 1545-0008                                             | 5206                     | Dept                                 | . of the Treasury - IRS    |

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