Employee Reference Copy 2 Wage and Tax 2 Copy C for employee's records.

Dept. d Control number Corp. Employer use only 000053 PITT/UZ7 IL3000 Employer's name, address, and ZIP code CES GLOBAL LLC 235 REMINGTON BLVD #H2 BOLINGBROOK IL 60440

Batch #02851

e/f Employee's name, address, and ZIP code APPALARAJU NIMMANA 1113 SPRINGFIELD VALLEY RD MORRISVILLE NC 27560-6707

b	Employer's FED ID number	a Employee's SSA number		
	46-5433232	XXX-XX-3681		
1	Wages, tips, other comp.	2 Federal income tax withheld		
	104584.72	9181.07		
3	Social security wages	4 Social security tax withheld		
_	104584.72			
5	Medicare wages and tips	6 Medicare tax withheld		
_	104584.72	1516.48		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12		
14	Other	12b		
	Outer	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pa		
15 State Employer's state ID no NC 601113235		. 16 State wages, tips, etc.		
		104584.72		
17	State income tax	18 Local wages, tips, etc.		

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	Social Security	Medicare	NC. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	104,584.72	104,584.72	104,584.72	104,584.72
Reported W-2 Wages	104,584.72	104,584.72	104,584.72	104,584.72

2. Employee Name and Address.

APPALARAJU NIMMANA 1113 SPRINGFIELD VALLEY RD MORRISVILLE NC 27560-6707

@ 2022 ADP. Inc.

1	Wages, tips, other comp. 104584.72		2 Federa	al income ta	x withheld 9181 . 07
3	Social security wages 104584.72		4 Social	security ta	× withheld 6484.25
5	Medicare wages and tips 104584.72		6 Medic	are tax with	held 1516.48
d	Control number	Dept.	Corp.	Employe	er use only
00	00053 PITT/UZ7	IL3000		T	8
	Employer's name, a CES GLO 235 REMI BOLINGB	BAL L	LC N BLVI	D #H2	
b	Employer's FED ID r 46 - 543323	number 2		/ee's SSA r KXX-XX	

20 Locality name

b Employer's FED ID number 46-5433232	a Employee's SSA питьег XXX - XX - 3681		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stal emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address a APPALARAJU NIMM			
1113 SPRINGFIELD MORRISVILLE NC 2	VALLEY RD		
15 State Employer's state ID no	o. 16 State wages, tips, etc. 104584 . 72		
17 Ctata income to	104004,72		

18 Local wages, tips, etc.

20 Locality name

Federal Filing Copy

2 Wage and Statement Wage and Tax

17 State income tax

19 Local income tax

	Wages, tips, other comp. 104584.72		al income ta	x withheld 9181.07	
1045	Social security wages 104584.72		4 Social security tax withheld 6484.25		
5 Medicare wages and 1045	Medicare wages and tips 104584.72		6 Medicare tax withheld 1516.48		
d Control number	Control number Dept.		Employe	r use only	
000053 PITT/UZ7	,	T	8		
c Employer's name, a CES GLO 235 REMI	BAL L	LC	e D #H2		

Fold and Detach Here -

BOLINGBROOK IL 60440

b	Employer's FED ID number 46-5433232	a Employee's SSA number XXX-XX-3681	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a	
14	Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick par	

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

APPALARAJU NIMMANA 1113 SPRINGFIELD VALLEY RD MORRISVILLE NC 27560-6707

15 State NC	Employer's state ID no. 601113235	o. 16 State wages, tips, etc. 104584.7	
	income tax 5188.00	18 Local wages, tips, etc.	
19 Local	income tax	20 Locality name	

NC	State Refere	nce Copy
M-2	Wage and T	ax 2022
	Statement	LULL
Copy 2 to be filed with	employee's State Income	Tax Return. No. 1345-0008

1	Wages, tips, other of 1045	omp. 84.72	2 F	edera	l income tax withheld 9181.07
3	3 Social security wages 104584.72		4 8	ocial	security tax withheld 6484.25
5	Medicare wages and 10458	d tips 34.72	6 N	ledica	re tax withheld 1516.48
d OC	Control number 00053 PITT/UZ7	Dept. 1L3000	C	orp.	Employer use only
C	Employer's name, a	ddress, ai	nd ZI	P cod	9

BULINGBROOK IL 60440

b	Employer's FED ID number 46-5433232	a Employee's SSA number XXX-XX-3681
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party s

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

APPALARAJU NIMMANA 1113 SPRINGFIELD VALLEY RD MORRISVILLE NC 27560-6707

120	001113235	16 State wages, tips, etc. 104584.72
17 State income tax 5188.00		18 Local wages, tips, etc.
10 1	December 18 August 18	24

20 Locality name NC.State Filing Copy

2 Wage and Tax Statement Statement e filed with employee's State Income Tax Return.