

| | | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 3,203.32 | 2 Federal income tax withheld 337.96 |
| c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address, and ZIP code NAVEENA KOTA 31 COLONIAL DR APT A NEW PALTZ NY 12561-1832 | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 14 Other | 12b |
| | | b Employer identification number (EIN) 14-6013200 | | 12c |
| | | a Employee's social security no. 849-93-7371 | | 12d |
| 15 State NY | Employer's state ID no. 146013200 | 16 State wages, tips, etc. 3,203.32 | 17 State income tax 48.66 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

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.

| | | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 3,203.32 | 2 Federal income tax withheld 337.96 |
| c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address, and ZIP code NAVEENA KOTA 31 COLONIAL DR APT A NEW PALTZ NY 12561-1832 | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 14 Other | 12b |
| | | b Employer identification number (EIN) 14-6013200 | | 12c |
| | | a Employee's social security no. 849-93-7371 | | 12d |
| 15 State NY | Employer's state ID no. 146013200 | 16 State wages, tips, etc. 3,203.32 | 17 State income tax 48.66 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

| | | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 3,203.32 | 2 Federal income tax withheld 337.96 |
| c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a |
| e Employee's name, address, and ZIP code NAVEENA KOTA 31 COLONIAL DR APT A NEW PALTZ NY 12561-1832 | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 14 Other | 12b |
| | | b Employer identification number (EIN) 14-6013200 | | 12c |
| | | a Employee's social security no. 849-93-7371 | | 12d |
| 15 State NY | Employer's state ID no. 146013200 | 16 State wages, tips, etc. 3,203.32 | 17 State income tax 48.66 | 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 OMB No. 1545-0008 **Dept. of the Treasury - IRS**

| | | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 3,203.32 | 2 Federal income tax withheld 337.96 |
| c Employer's name, address, and ZIP code STATE OF NEW YORK 110 STATE STREET ALBANY NY 12207 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a |
| e Employee's name, address, and ZIP code NAVEENA KOTA 31 COLONIAL DR APT A NEW PALTZ NY 12561-1832 | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 14 Other | 12b |
| | | b Employer identification number (EIN) 14-6013200 | | 12c |
| | | a Employee's social security no. 849-93-7371 | | 12d |
| 15 State NY | Employer's state ID no. 146013200 | 16 State wages, tips, etc. 3,203.32 | 17 State income tax 48.66 | 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 L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**