## 2022 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record: Control number Corp. Employer use only R3/G5A

Employer's name, address, and ZIP code CORPORATE SOLUTIONS
GENERAL INC 6201 BONHOMME RD STE 428-S HOUSTON, TX 77036

Batch #91118

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

1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

b	Employer's FED ID number 81-1194657	a Employee's SSA number XXX-XX-2257				
1	Wages, tips, other comp.	2	Fede	ral	income	tax withheld
	129820.08					21983.64
3	Social security wages 129820.08	4	Socia	al s	security	tax withheld 8048.84
5	Medicare wages and tips 129820.08	6	6 Medicare tax withheld			
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits		benefits		
11	Nonqualified plans	12	<b>a</b> See in	str	uctions fo	r box 12
11	Other	12				
'	9000.00 EXPENS	12c				
	9000.00 EXI ENS	12d				
		13	Stat er	np.	Ret. plan	3rd party sick pay
15 State Employer's state ID no TOTAL STATE			o. 16 State wages, tips, etc.			
17 State income tax 5670.42			18 Local wages, tips, etc.			
19	Local income tax	20 Locality name				

129820.08 21983.64 Social security wages 129820.08 Social security tax withheld 8048.84 Medicare wages and tips 129820.08 Medicare tax withheld 1882.39 Employer use only 000013 R3/G5A 15 Employer's name, address, and ZIP code

CORPORATE SOLUTIONS GENERAL INC 6201 BONHOMME RD STE 428-S HOUSTON, TX 77036

b	Employer's FED ID number 81-1194657	a Employee's SSA number XXX-XX-2257				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12				
14	Other	12b				
	9000.00 EXPENS	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f Employee's name address and ZIP code						

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

15	State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17	State	income tax 5670.42	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fili	na Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Ta 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	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	134,200.08	134,200.08	134,200.08	125,866.74
Less Other Cafe 125	4,380.00	4,380.00	4,380.00	4,015.00
Reported W-2 Wages	129,820.08	129,820.08	129,820.08	121,851.74

2. Employee Name and Address.

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

2 Federal income tax withheld

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1 wages	1298	20.08	21983.64					
3 Social security wages 129820.08			4 Social security tax withheld 8048.84					
5 Medica	re wages an 1298	d tips 20.08	6 Medic	6 Medicare tax withheld 1882.39				
d Control	number	Dept.	Corp.	Employer	use only			
000013	R3/G5A			Α	15			
G 62 S	ORPORA ENERAL 201 BON TE 428- OUSTON	INC NHOMN S	/IE RD	ONS				
	er's FED ID		a Emplo	yee's SSA n	umber 257			
7 Social	security tips		8 Alloca	ted tips				
)			10 Depen	dent care be	nefits			
11 Nonqu	alified plans		12a					
4 Other	9000.00 E	EXPENS	12b 12c 12d 13 Stat em	o. Ret. plan 3rd	party sick pay			
ГАRAK 1673 F	vee's name, ARAMA AIRWAY INTI, MI	R GO	DAVAI					
MI 8	1-119465		.16 State	wages, tips, o	etc. 851.74			
17 State in	52	55.26	18 Local wages, tips, etc.					
19 Local i	ncome tax		20 Locali	ty name				
\A <i>I (</i>		e Refe	erence nd Tax	Сору	20			
W-2	,	atement		OMB No.	1545-0008			

1	1 Wages, tips, other comp. 129820.08			Federa	I income ta 2	x withheld 1983.64	
3	Social security wages 129820.08			Social	security ta	x withheld <b>8048.84</b>	
5	5 Medicare wages and tips 129820.08			Medica	re tax with	held 1882.39	
d	Control number	Dept.		Corp.	Employe	er use only	
000	0013 R3/G5A				Α	15	
С	Employer's name, a	ddress, ai	nd	ZIP cod	е		
	CORPORATE SOLUTIONS GENERAL INC 6201 BONHOMME RD STE 428-S HOUSTON, TX 77036						

b	Employer's FED ID number 81-1194657	a Employee's SSA number XXX-XX-2257				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
	9000.00 EXPENS	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

15 State MI	Employer's state ID r <b>81-1194657</b>	<b>10.</b> 16	State wages, tips, etc. 121851.74
17 State	income tax	18	Local wages, tips, etc.
	5255.26		
19 Local	income tax	20	Locality name
	MI.State Fil	ing	Сору

Wage and Tax Statement

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

## 2022 W-2 and EARNINGS SUMMARY

VA.State Reference Copy
Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax
d Control number
000013 R3/G5A

VA.State Reference Copy
OMB No. 1545-0008
Refum.
Corp. Employer use only
A 16

Employer's name, address, and ZIP code CORPORATE SOLUTIONS GENERAL INC

GENERAL INC 6201 BONHOMME RD STE 428-S HOUSTON, TX 77036

Batch #91118

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

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

b	Emplo	yer's FED II 81-11946		a Employee's SSA number XXX-XX-2257						
1	Wage	s, tips, other	r comp.	2 Federal income tax withheld			ld			
		129	820.08					219	83.6	4
3	Socia	security wa		4	Socia	al s	security	tax v	/ithhel	d
		129	820.08					80	48.8	4
5	Medic	are wages a		6	Medi	car	e tax wi			
		129	820.08					18	82.3	9
7	Social	security tip	s	8 Allocated tips						
9				10 Dependent care benefits						
11	Nonqu	alified plans	_	12a See instructions for box 12						
14	Other		l.	121						
	Otilioi	9000 00	LEADENIC	120						
		3000.00	JEXI LINO	120		<u> </u>				
			13	Stat er	mp.	Ret. plan	3rd pa	arty sick	pay	
15 State Employer's state ID no VA 30811194657F001			16	State	Wa	ages, tip		c. 168.3	4	
17 State income tax			18 Local wages, tips, etc.							
415.16										
19	Local	income tax		20 Locality name						
				+						

1	Wages, tips, other of 1298	omp. 20.08	2 Federal income tax withhouse 21983.6		
3	Social security wag 1298	es 20.08	4 Social security tax withhe 8048.8		
5	Medicare wages and tips 129820.08			edica	are tax withheld 1882.39
d	Control number	Dept.	Corp. Employer use		Employer use only
00	0013 R3/G5A				A 16

c Employer's name, address, and ZIP code

CORPORATE SOLUTIONS GENERAL INC 6201 BONHOMME RD STE 428-S HOUSTON, TX 77036

b	Employer's FED ID number 81-1194657	a Employee's SSA number XXX-XX-2257					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
90	9000.00 EXPENS	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
- 10	-# Familian also and address and 710 and						

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

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

15 State VA	Employer's state ID no. 30811194657F001	16 State wages, tips, etc. <b>7968.34</b>		
17 State	income tax	18 Local wages, tips, etc.		
	415.16			
19 Local	income tax	20 Locality name		
		-		
	VA.State Filir	ng Copy		
\ <b>\</b> \_	Wage an	d Tax 2022		
	<ul> <li>Statement</li> </ul>	OMB No 1545-0008		
Copy 2 to b	e filed with employee's State	Income Tax 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.

VA. State Wages, Tips, Etc. Box 16 of W-2

Gross Pay
Less Other Cafe 125
Reported W-2 Wages

8,333.34 365.00 **7,968.34** 

2. Employee Name and Address.

TARAKARAMA R GODAVARTHI 1673 FAIRWAY GLENS DR YPSILANTI, MI 48198

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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 year. If you made a detertar 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 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.

have allowed an additional deterral of up to 50.500 (53.000 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

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)

Adoption Expenses, to figure any taxable and nontaxable amount V—Income from exercise of nonstatutory stock option(s) (inc boxes 1, 3 (up to the social security wage base), and 5). Set Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employer contribute using a section 125 (cafeteria) plan) to your health account. Report on Form 8889, Health Savings Accounts (H

Y-Deferrals under a section 409A nonqualified deferred compet **Z**-Income under a nonqualified deferred compensation plan satisfy section 409A. This amount is also included in box 1. It to an additional 20% tax plus interest. See the Form 1040 ins

AA-Designated Roth contributions under a section 401(k) p BB-Designated Roth contributions under a section 403(b) DD—Cost of employer-sponsored health coverage. The amreported with code DD is not taxable.

EE-Designated Roth contributions under a governmental se 457(b) plan. This amount does not apply to contributions und tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer hea reimbursement arrangement

GG-Income from qualified equity grants under section 83(i) HH-Aggregate deferrals under section 83(i) elections as of of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limit to the amount of traditional IRA contributions you may deduc 590-A, Contributions to Individual Retirement Arrangements ( Box 14. Employers may use this box to report information so state disability insurance taxes withheld, union dues, uniform health insurance premiums deducted, nontaxable income, et assistance payments, or a member of the clergy's parsonage and utilities. Railroad employers use this box to report railrox retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Med and Additional Medicare Tax. Include tips reported by the enthe employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after th for filing your income tax return. However, to help **protect you security benefits**, keep Copy C until you begin receiving so security benefits, just in case there is a question about your record and/or earnings in a particular year.

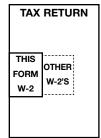
Department of the Treasury - Internal Revenue Ser

#### 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

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 inco correct Copies B, C, and 2 and ask your employer t correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and T Statement, with the SSA to correct any name, SSN money amount error reported to the SSA on Form \ sure to get your copies of Form W-2c from your em for all corrections made so you may file them with y return. If your name and SSN are correct but aren't same as shown on your social security card, you sh ask for a new card that displays your correct name SSA office or by calling 800-772-1213. You may als the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if cost is provided by the employer). The reporting 12, using code DD, of the cost of employer-sponso health coverage is for your information only. The ar reported with code DD is not taxable.

Credit for excess taxes. If you had more than on employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) were withheld, you may be able to claim a credit excess against your federal income tax. See the 1040 instructions. If you had more than one railro employer and more than \$5,350.80 in Tier 2 RR1 was withheld, you may be able to claim a refund Form 843. See the Instructions for Form 843.