| | | | | | F | | | |
|----------------------------------------------------------------|----------------------------|-------|--------------------------------------------------------|---------------|-----------------------------------------------|---------------------|----------------------------------------|----------------------------------------------------------------------------------|
| Form W-2 Wage and Tax Statemen | t 2022 | | 7 Social security tips | | 1 Wages, tips, other compared 249 | 60.00 | 2 Federal ii | ncome tax withheld 3208.45 |
| Employer's name, address, and ZIP code PRO UNLIMITED, INC | | | 8 Allocated tips | | 3 Social security wages 24960.00 | | 4 Social security tax withheld 1547.52 | |
| 999 STEWART AVENUE | | | 9 | | 5 Medicare wages and tip | | 6 Medicare | e tax withheld |
| SUITE 100 | | | 10 Dependent care benefits | | 249 11 Nonqualified plans | 60.00 | 12a See in | 361.92 structions for box 12 |
| BETHPAGE NY 11714 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | Code | 21 dollor 10 10 10 11 12 12 12 12 12 12 12 12 12 12 12 12 |
| e Employee's name, address, and ZIP code | | | 13 Statutory employee Plan Third-sick p | -party bay | 14 Other | | 12b | |
| RADHIKA MERGEY | | | b Employer identification numb | er (EIN) | PA-UI 14. | 98 | 12c | |
| 3017 JUNIPER COURT | | | 11-3119651 a Employee's social security no |). I | | | 12d | |
| MURRYSVILLE PA 15668 | | Ļ | 782-24-4905 | | | | Code | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | 18 Loc | al wages, tips, etc. | 19 Local inc | | 20 Locality name |
| PA 10888253 | 24960.0 | 0 | 766.27 | | 22400.00 | | 224. | 00 650403 |
| Copy B To Be Filed With Employee's FEDERAL 1 | ax Return | Th | is information is being fumished | | Internal Revenue Service. IB No. 1545-0008 | | | ot. of the Treasury - IRS Web Site at www.irs.gov/efile |
| | | | | | | to the Internal Par | | |
| | | Т | 7 Social security tips | | negligence penalty or other sancti | | | ou are required to file a tax return, a come is taxable and you fail to report i |
| Form W-2 Wage and Tax Statement | t 2022 | | | | 249 | 60.00 | | 3208.45 |
| c Employer's name, address, and ZIP code PRO UNLIMITED, INC | | | 8 Allocated tips | | 3 Social security wages 249 | 60.00 | 4 Social security tax withheld 1547.52 | |
| 999 STEWART AVENUE | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| SUITE 100 | | | 10 Dependent care benefits | | 11 Nonqualified plans | 960.00 | 12a See ins | 361.92 structions for box 12 |
| BETHPAGE NY 11714 e Employee's name, address, and ZIP code | | | 13 Statutory Retirement Third- employee plan sick p | -party | 14 Other | | 12b | |
| RADHIKA MERGEY | | | 13 employee plan sickp | oay | PA-UI 14. | 98 | Coode | |
| 3017 JUNIPER COURT | | | b Employer identification number 11-3119651 | er (EIN) | | | 12c | |
| MURRYSVILLE PA 15668 | | | a Employee's social security no |). | | | 12d | |
| | | | 782-24-4905 | | | | ode | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | 17 State income tax 766.27 | 18 Loc | al wages, tips, etc. | 19 Local ince | | 20 Locality name |
| PA 10888253 | 24960. | 00 | 766.27 | | 22400.00 | | 224 | .00 650403 |
| Form W-2 Wage and Tax Statement | : 2022 <u> </u> | | 7 Social security tips | | 1 Wages, tips, other com | o. 960.00 | 2 Federal i | ncome tax withheld 3208.45 |
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social se | ecurity tax withheld |
| PRO UNLIMITED, INC 999 STEWART AVENUE | | | 9 | | 5 Medicare wages and tip | 60.00 | 6 Medicare | 1547.52 e tax withheld |
| SUITE 100 | | | 3 | | | 60.00 | | 361.92 |
| BETHPAGE NY 11714 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | |
| e Employee's name, address, and ZIP code | | | 13 Statutory Retirement Third- employee Plan Sick p | -party bay | 14 Other | | 12b | |
| RADHIKA MERGEY | | | b Employer identification number | er (EIN) | PA-UI 14. | 98 | 12c | |
| 3017 JUNIPER COURT | | | 11-3119651 a Employee's social security no | | | | 12d | |
| MURRYSVILLE PA 15668 | | | 782-24-4905 |). | | | Code | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | 17 State income tax | 18 Loc | al wages, tips, etc. | 19 Local ince | ome tax | 20 Locality name |
| PA 10888253 | 24960.0 | | 766.27 | | 22400.00 | | 224. | 1 |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Tax Re | eturn | | OM | /IB No. 1545-0008 | | Dep | ot. of the Treasury - IRS |
| | | | | | | | | |
| | | | 7 Casial assumits time | | 4 144 | - | O Fadavali | المام ما ما فالمان در در مام محمد محمد |
| Form W-2 Wage and Tax Statemen | t 2022 | | 7 Social security tips | | | 60.00 | 2 Federai II | ncome tax withheld 3208.45 |
| c Employer's name, address, and ZIP code PRO UNLIMITED, INC | | | 8 Allocated tips | | 3 Social security wages 249 | 60.00 | 4 Social se | ecurity tax withheld 1547.52 |
| 999 STEWART AVENUE | | | 9 | | 5 Medicare wages and tip | os | 6 Medicare | e tax withheld |
| SUITE 100 | | | 10 Dependent care benefits | | 11 Nonqualified plans | 60.00 | 12a | 361.92 |
| BETHPAGE NY 11714 | | | • | -nartv | | | Code | |
| e Employee's name, address, and ZIP code | | | 13 Statutory employee Retirement plan Third-sick p | pay 'y | 14 Other PA-UI 14. | 9.8 | 12b | |
| RADHIKA MERGEY 3017 JUNIPER COURT | | | b Employer identification numb 11-3119651 | er (EIN) | | - 0 | 12c | |
| MURRYSVILLE PA 15668 | | + | a Employee's social security no |). | | | 12d | |
| | | | 782-24-4905 | | | |) Ode | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | 18 Loc | cal wages, tips, etc. | 19 Local inc | | 20 Locality name |
| PA 10888253 | 24960.0 | | 766.27 | | 22400.00 | | 224. | .00 650403 |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Tax Re | eturn | L87 | ON | MB No. 1545-0008 | 5206 | Dep | t. of the Treasury - IRS |

| Form W-2 Wage and Tax Statemen | t 2022 | 7 Social security tips | | 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
|-------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------|----------------------------------------------|--|
| c Employer's name, address, and ZIP code PRO UNLIMITED, INC | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | | | |
| 999 STEWART AVENUE | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | |
| SUITE 100 BETHPAGE NY 11714 | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See | instructi | ons for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Thirr sick | d-party pay | 14 Other | | 12b | | | |
| RADHIKA MERGEY | | b Employer identification numl | ber (EIN) | | | 12c | <u> </u> | | |
| 3017 JUNIPER COURT MURRYSVILLE PA 15668 | | a Employee's social security n | 10. | FED W-2 DATA I | S | 12d | <u> </u> | | |
| | | 782-24-4905 | | ON SEPARATE W-2 | | d e | | | |
| 15 State Employer's state ID no. PA 10888253 | 16 State wages, tips, etc. | 17 State income tax | 18 Loc | 2560.00 | 19 Local inc | | 5.60 | 20 Locality name 650403 | |
| Copy B To Be Filed With Employee's FEDERAL | Tax Return | This information is being fumishe | | Internal Revenue Service. IB No. 1545-0008 | | | | the Treasury - IRS e at www.irs.gov/efile | |
| | | | | This information is being furnished negligence penalty or other sancti | to the Internal Re | venue Service. | If you are n | equired to file a tax return, a | |
| Form W-2 Wage and Tax Statemen | t 2022 | 7 Social security tips | | 1 Wages, tips, other com | | | | e tax withheld | |
| c Employer's name, address, and ZIP code PRO UNLIMITED, INC | | 8 Allocated tips | | 3 Social security wages | | 4 Social | security | tax withheld | |
| 999 STEWART AVENUE | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| SUITE 100 BETHPAGE NY 11714 | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See | instructi | ons for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third sick | d-party pay | 14 Other | | 12b | | | |
| RADHIKA MERGEY 3017 JUNIPER COURT | | | b Employer identification number (EIN) 11-3119651 a Employee's social security no. | | FED W-2 DATA IS | | 12c | | |
| MURRYSVILLE PA 15668 | | | | | | | 12d | | |
| | 1 | | | ON SEPARATE W- | | de | | T | |
| 15 State Employer's state ID no. PA 10888253 | 16 State wages, tips, etc. | 17 State income tax | 18 Loc | cal wages, tips, etc. 2560.00 | 19 Local inc | | 5.60 | 20 Locality name 650403 | |
| Copy C For EMPLOYEE'S RECORDS (See Notice | e to Employee on back of c | 7 Social security tips | OW | MB No. 1545-0008 | | | | e tax withheld | |
| Form W-2 Wage and Tax Statemen c Employer's name, address, and ZIP code | t 2022 | , , | | 1 Wages, tips, other comp | D. | | | | |
| PRO UNLIMITED, INC | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | | | |
| 999 STEWART AVENUE SUITE 100 | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| BETHPAGE NY 11714 | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | | | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third sick | d-party pay | 14 Other | | 12b | | | |
| RADHIKA MERGEY 3017 JUNIPER COURT | | b Employer identification numl 11-3119651 | ber (EIN) | | | 12c | | | |
| MURRYSVILLE PA 15668 | | a Employee's social security n | 10. | FED W-2 DATA IS | | 12d | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 1 00 | ON SEPARATE W- | 2 19 Local inc | ome tay | | 20 Locality name | |
| PA 10888253 | To State wages, tips, etc. | Tr State income tax | | 2560.00 | 13 Local IIIC | | 5.60 | 650403 | |
| Copy 2 To Be Filed With Employee's State, City | , or Local Income Tax Retu | rn | OM | //B No. 1545-0008 | | D | ept. of t | he Treasury - IRS | |
| | | | | | | | | | |
| Form W-2 Wage and Tax Statemen | t 2022 | 7 Social security tips | | 1 Wages, tips, other comp | 0. | 2 Federa | ıl income | e tax withheld | |
| c Employer's name, address, and ZIP code | 8 Allocated tips | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | | |
| PRO UNLIMITED, INC 999 STEWART AVENUE | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | |
| SUITE 100 | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | | | | |
| BETHPAGE NY 11714 e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third employee plan sick | d-party | 14 Other | | 12b | <u> </u> | | |
| RADHIKA MERGEY | | b Employer identification number (EIN) | | | | 12c | | | |
| 3017 JUNIPER COURT MURRYSVILLE PA 15668 | 11-3119651 a Employee's social security no. | | FED W-2 DATA IS | | 12d | | | | |
| 000CL AY JULIVGIAAUN | | 782-24-4905 | .5. | ON SEPARATE W- | | Code | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Loc | cal wages, tips, etc. | 19 Local inc | | - 60 | 20 Locality name | |
| PA 10888253 | | | <u> </u> | 2560.00 | | | 5.60 | 650403 | |
| Copy 2 To Be Filed With Employee's State, City | , ∪r ∟ocai income Tax Retui | rn L87 | OM | /IB No. 1545-0008 | 5206 | De | eρι. of th | he Treasury - IRS | |