									Federal	Box 1	Soc. Sec. Box 3 8	. 7	Medicare Box 5
							Gross Wage	es	35	5000.0	0 35000.	00	35000.00
							Txbl Benefit	ts		0.5	6 0.	56	0.56
This info	rmation is	being furnishe	d to the Inter	nal Reven	ue Servi	ce. If you are	Group Term	Life		31.0	0 31.	00	31.00
required to file a tax return, a negligence penalty or other sanction may be						Adoption							
imposed	on you if	this income is t	axable and yo	ou fail to i	report it.		Deferred Co	omp (900.00)					
		nd Tax Stateme					Section 125	5	,,				(608.16)
Copy C-	-For EMPLO	DYEE'S RECORI	OS				Other Preta	x/Wage Lin	nit				
							W-2 Wages		33	3523.4	0 34423.	40	34423.40
D. CONTROL	NUMBER				0140 116	4545.0000	1. WAGES, T	IPS, OTHER CO	OMPENSATION		2. FEDERAL INCOME TA	X WITHH	IELD
000866771	101			2022	OMB MC	0. 1545-0008	33523.40				5143.08		
B. EMPLOYER	IDENTIFICATI	ION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUME	BER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD					HELD	
36-1258310)		838-87-4472						34423.40			2	134.25
C. EMPLOYER	'S NAME, AD	DRESS, AND ZIP C	DDE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
Illinois Tool									34423.40				499.14
155 Harlem Glenview II							7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS		
Gleriview IL	. 60025												
							9.				10. DEPENDENT CARE E	BENEFITS	
E. EMPLOYEE	'S FIRST NAMI	E AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions fo	r box 12	31.00
Vamsi			Kukka	paili							D		900.00
3037 W springview Dr				14. OTHER				DD		2888.96			
Apt #2 Holland MI	10121												
USA								:	13. STATUTORY RETIR	REMENT X	THIRD-PARTY		
F. EMPLOYEE											EMPLOYEE PLAN		SICK PAY
		STATE ID NUMBER	16. STATE WAGE			STATE INCOME T		18. LOCAL V	WAGES, TIPS, ETC	. 19. L	OCAL INCOME TAX	20. LOC	CALITY NAME
MI	36-125831	.0		33523.	.40		1423.41						

D. CONTROL N 0008667711		20	22 OMB	NO.	1545-0008	1. WAGES, T	PS, OTHER COMPENS 3352		2. FEDERAL II	NCOME T	AX WITHHELD 5143.08	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SE	4. SOCIAL SECURITY TAX WITHHELD		
36-1258310 838-87-4472						34423.40				2134.25		
C. EMPLOYER'S	NAME, ADDRESS, AND ZIP O		5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD					THHELD				
Illinois Tool V	Works Inc.	34423.40				499.14						
155 Harlem Avenue Glenview IL 60025						7. SOCIAL SECURITY TIPS			8. ALLOCATE	8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S	FIRST NAME AND INITIAL	LAST NAME			SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Vamsi		Kukkapalli							C		31.00	
3037 W sprii	naview Dr					14. OTHER			D		900.00	
Apt #2									DD		2888.96	
Holland MI 4	19424											
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY EMPLOYEE		REMENT X THIRD-PARTY SICK PAY	
15. STATE E	MPLOYER'S STATE ID NUMBER	16. STATE WAGES, TI	PS, ETC.	17. ST	ATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOM	1E TAX	20. LOCALITY NAME	
MI 3	36-1258310	33	3523.40			1423.41						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000866771101	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 33523.40	2. FEDERAL INCOME T	AX WITHHELD 5143.08		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
36-1258310	838-87-4472			34423.40		2134.25		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Illinois Tool Works Inc.				34423.40		499.14		
155 Harlem Avenue Glenview IL 60025			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
GIGHTICW IE 00025								
			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d	24.00		
Vamsi	Kukkapalli				C	31.00		
3037 W springview Dr			14. OTHER		D	900.00		
Apt #2					DD	2888.96		
Holland MI 49424								
USA						REMENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					EMPLOYEE PLAI			
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
MI 36-1258310	33523	.40	1423.41					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	A HUMANGO				La musere e	DO OTHER COLUMNIA TION	A SERENAL INCOME.	AVAMETICA D		
D. CONTROL		_	OMB	NO. 1545-0008	1. WAGES, II	PS, OTHER COMPENSATION	2. FEDERAL INCOME T			
000866771	1101	20	022	10. 15-15 0000		33523.40		5143.08		
B. EMPLOYE	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCI	IAL SECURITY NU	JMBER	3. SOCIAL SEC	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
36-1258310 838-87-4472						34423.40		2134.25		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
	ol Works Inc.					34423.40		499.14		
	155 Harlem Avenue Glenview IL 60025					URITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for			
Vamsi		Kukkapall	i				С	31.00		
2027 14/	and a section . But				14. OTHER		D	900.00		
Apt #2	3037 W springview Dr						DD	2888.96		
Holland MI	1 40424									
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, 7	TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
MI	36-1258310	13	33523.40		1423.41					