

To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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  
Copy C—For EMPLOYEE'S RECORDS

|                          | Federal Box 1 | Soc. Sec. Box 3 and 7 | Medicare Box 5 |
|--------------------------|---------------|-----------------------|----------------|
| Gross Wages              | 43384.60      | 43384.60              | 43384.60       |
| Taxi Benefits            |               |                       |                |
| Group Term Life          | 34.02         | 34.02                 | 34.02          |
| Adoption                 |               |                       |                |
| Deferred Comp            | (848.05)      |                       |                |
| Section 125              | (20.30)       | (20.30)               | (20.30)        |
| Other Pre-tax/Wage Limit |               |                       |                |
| W-2 Wages                | 42550.27      | 43398.32              | 43398.32       |

|   |  |   |                                 |   |                      |   |  |
|---|--|---|---------------------------------|---|----------------------|---|--|
| D. CONTROL NUMBER<br>000097157401   |  | OMB NO. 1545 - 0008                                 |                                 | 1. WAGES, TIPS, OTHER COMPENSATION<br>42550.27  |                      | 2. FEDERAL INCOME TAX WITHHELD<br>6578.87   |  |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>94-3326476   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>798-77-5946 |                                 | 3. SOCIAL SECURITY WAGES<br>43398.32            |                      | 4. SOCIAL SECURITY TAX WITHHELD<br>2690.70  |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Exiservice Com, LLC<br>10 Exchange Place<br>Ste 2200<br>Jersey City NJ 07302 |  |   |                                 | 5. MEDICARE WAGES AND TIPS<br>43398.32          |                      | 6. MEDICARE TAX WITHHELD<br>629.28  |  |
|   |  |   |                                 | 7. SOCIAL SECURITY TIPS                         |                      | 8. ALLOCATED TIPS   |  |
|   |  |   |                                 | 9.  |                      | 10. DEPENDENT CARE BENEFITS   |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>HIMANSHI  |  | LAST NAME<br>MISHRA                                 |                                 | 11. NONQUALIFIED PLANS<br>CTPL 216.99           |                      | 12. a-d See instructions for box 12<br>C 34.02<br>D 848.05  |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |   |                                 | 13. Statutory Employee <input type="checkbox"/> |                      | Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/> |  |
| 15. STATE<br>CT   | EMPLOYER'S STATE ID NUMBER<br>38245551-000 | 16. STATE WAGES, TIPS, ETC.<br>42550.27             | 17. STATE INCOME TAX<br>2262.52 | 18. LOCAL WAGES, TIPS, ETC.                     | 19. LOCAL INCOME TAX | 20. LOCALITY NAME   |  |

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