a Employee's social security number 125-89-5770			Payroll organization code 73-80-40-00-000			Intradep	Intradepartment number 0000000000			
b Employer identification number 59-6001874			1 Wages, tips, other compensation 31,316.08			2 Fede	2 Federal income tax withheld			
State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356			3 Social security wages 32,486.12			4 Socia	4 Social security tax withheld 2,014.14			
			5 Medicare wages and tips 32,486.12			6 Medi	6 Medicare tax withheld 471.05			
Tananasso, Fonda 32555 0000				7 Social security tips			<b>10</b> Depe	10 Dependent care benefits 4,000.00		
d Control number 123423 01/06			11 Nonqualified plans			12a Se				
e Employee's first name, n	i, and last name			13 Statutory employee	Retirement plan	Third-Party sick pay	12b			
NAVYA VOLLALA 5019 CARACARA DR			14 Other	2	12c					
TALLAHASSEE, FL 32312-0000				125 2,514.40			12d			
							12e			
15 State Employer's stat	e ID number	16 State wages, tips, etc.	<b>17</b> St	tate income tax	18 Local wages, tips, etc. 19		19 Local inco	me tax	20 Locality name	
		1				- 1			1	

FORM W-2

WAGE AND TAX STATEMENT

2022

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service

a Employee's social security number Payroll organization code Intradepartment number 125-89-5770 73-80-40-00-000 000000000 **b** Employer identification number 1 Wages, tips, other compensation 2 Federal income tax withheld 59-6001874 31,316.08 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 32,486.12 2,014.14 State of Florida Jimmy Patronis, Chief Financial Officer 6 Medicare tax withheld 5 Medicare wages and tips 200 É Gaines Street 471.05 32,486.12 Tallahassee, Florida 32399-0356 7 Social security tips 10 Dependent care benefits 4,000.00 d Control number 11 Nonqualified plans 12a See instructions for box 12 21,972.96 123423 01/06 DD e Employee's first name, mi, and last name 13 Statutory Retirement Third-Party 12b employee sick pay plan X 14 Other 12c NAVYA VOLLALA 5019 CARACARA DR 125 2,514.40 TALLAHASSEE, FL 32312-0000 12d 12e f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

FORM W-2

WAGE AND TAX STATEMENT

2022

OMB No. 1545-0008