

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	1440.00	105.12
	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.	
3 Social security wages	4 Social security tax withheld	
	1440.00	89.28
5 Medicare wages and tips	6 Medicare tax withheld	
1440.00	20.88	

c Employer's name, address, and ZIP code

ROBERT HALF INTERNATIONAL INC
 A ROBERT HALF INTERNATIONAL COMPANY
 2613 CAMINO RAMON
 SAN RAMON, CA 94583

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN)	a Employee's social security number	
	94-1648752	***-**-9327	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Thro-party sick pay <input type="checkbox"/>	14 Other NY SDI 1.20 NY PFL 7.36

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

SHONICQUE MCCLOUD
 662 ELMWOOD TER
 ROCHESTER, NY 14620-3714

Import Code: 3HWTWFWX

Form W-2	15 State	Employer's state ID number	16 State wages, tips, etc.
	NY	9416487526	1440.00
Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.	
		59.40	
	19 Local income tax	20 Locality name	
2022			

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	1440.00	105.12
	This information is being furnished to the Internal Revenue Service.	
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	1440.00	89.28
5 Medicare wages and tips	6 Medicare tax withheld	
1440.00	20.88	

c Employer's name, address, and ZIP code

ROBERT HALF INTERNATIONAL INC
 A ROBERT HALF INTERNATIONAL COMPANY
 2613 CAMINO RAMON
 SAN RAMON, CA 94583

d Control number	1 Wage
	3 Social
	5 Medica

c Employer's name, address, and ZIP code

ROBERT HALF INT
 A ROBERT HALF I
 2613 CAMINO RAMO
 SAN RAMON, CA 94

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
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	94-1648752	***-**-9327	
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e/f Employee's name, address, and ZIP code

SHONICQUE MCCLOUD
 662 ELMWOOD TER
 ROCHESTER, NY 14620-3714

Form W-2	15 State	Employer's state ID number	16 State wages, tips, etc.
	NY	9416487526	1440.00
Wage and Tax Statement	17 State income tax	18 Local wages, tips, etc.	
		59.40	
	19 Local income tax	20 Locality name	
2022			

Copy 2 - To Be Filed with Employee's State, City, or Local Government

d Control number	1 Wages, tips
	3 Social sec
	5 Medicare v

c Employer's name, address, and ZIP code

ROBERT HALF INTE
 A ROBERT HALF INT
 2613 CAMINO RAMON
 SAN RAMON, CA 94

7 Social security tips

8 Allocated tips

2022 OMB No. 1545-0008	
2 Federal income tax withheld	476.90
4 Social security tax withheld	486.52
6 Medicare tax withheld	113.80
Y INC	
9 Advance EIC payment	
12a Code	
D	873.69
12b Code	
DD	1372.30
12c Code	
W	521.00
12d Code	
5973.58	276.20
tips, etc.	17 State income tax
20 Locality name	

Dept. of the Treasury - IRS
Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2022 OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
114-78-9327	6973.58	476.90
b Employer ID number	3 Social security wages	4 Social security tax withheld
16-0906150	7847.27	486.52
c Employer's name, address, and ZIP code		6 Medicare tax withheld
URBAN LEAGUE OF ROCHESTER NY INC		113.80
265 N Clinton Ave		
Rochester, NY 14605		
d Control Number		
89047 669046		
e Employee's name, address, and ZIP code		
Shonicque Jaquan McCloud		
662 Elmwood Terrace		
Rochester, NY 14620		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code
		D 873.69
13 Statutory employee	14 Other	12b Code
	NYPSL-E 44.66	DD 1372.30
	NYSDI-E 6.50	12c Code
Retirement plan		W 521.00
X		12d Code
3rd party sick pay		
NY 160906150	6973.58	276.20
15 State Emplr.'s state I.D. #	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

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

CORRECTED (if checked) Date Printed 01/19/2023

OMB No. 1545-0119
2022
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1 Gross distribution **\$5,495.86**
2a Taxable amount **\$5,495.86**
2b Taxable amount not determined Total distribution **\$5,495.86**

3 Capital gain (included in box 2a)
4 Federal income tax withheld **\$1,099.17**

5 Employee contributions/Designated Roth contributions or insurance premiums
6 Net unrealized appreciation in employer's securities

7 Distribution code(s) 1 IRA / SEP / SIMPLE 8 Other %
9a Your percentage of total distribution % 9b Total employee contributions

14 State tax withheld 15 State/Payer's state no. **NY/8414556639** 16 State distribution **\$5,495.86**

17 Local tax withheld 18 Name of locality 19 Local distribution

11 1st year of desig. Roth contrib. 12 FATCA filing requirement 13 Date of payment

www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked) Date Printed 01/19/2023

OMB No. 1545-0119
2022
Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1 Gross distribution **\$5,495.86**
2a Taxable amount **\$5,495.86**
2b Taxable amount not determined Total distribution **\$5,495.86**

3 Capital gain (included in box 2a)
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17 Local tax withheld 18 Name of locality 19 Local distribution

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www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

SHONICQUE MC CLOUD
 662 ELMWOOD TERRACE
 ROCHESTER, NY 14620



CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Alegeus Tech, LLC dba WealthCare Saver 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019)		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
		For calendar year 2022		
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-9327	1. Gross Distribution \$2,023.09	2. Earnings on excess cont. \$0.00	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name SHONICQUE MC CLOUD Street address (including apt. no.) 662 ELMWOOD TERRACE City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NY 14620		3. Distribution code 1	4. FMV on date of death \$0.00	
Account number (see instructions) 601012358982		5. HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		

Form 1099-SA (Rev. 11-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includable in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments relating to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA.

Employer use only
 12/WFO262262 A 743
 Employer's name, address, and ZIP code
NALGE NUNC INTERNATIONAL
300 INDUSTRY DRIVE
PITTSBURGH PA 15275

Batch #02125

Employee's name, address, and ZIP code
SHONICQUE MC CLOUD
662 ELMWOOD TERRACE
ROCHESTER NY 14620

Employee's FED ID number: 13-3326824
 Employee's SSA number: XXX-XX-9327

1 Federal income tax withheld: 704.79
 2 Social security tax withheld: 1968.92
 3 Medicare tax withheld: 460.47

16 State wages, tips, etc.: 30932.50
 17 Local wages, tips, etc.: 1486.21

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	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	34,624.30	34,624.30	34,624.30	34,624.30
Plus GTL (C-Box 12)	2.92	2.92	2.92	2.92
Less 401(k) (D-Box 12)	824.20	N/A	N/A	824.20
Less Other Cafe 125	870.72	870.72	870.72	870.72
Less Cafe 125 HSA (W-Box 12)	1,999.80	1,999.80	1,999.80	1,999.80
Reported W-2 Wages	30,932.50	31,756.70	31,756.70	30,932.50

2. Employee Name and Address.

SHONICQUE MC CLOUD
662 ELMWOOD TERRACE
ROCHESTER NY 14620

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1 Wages, tips, other comp.: 30932.50
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 3 Social security wages: 31756.70
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 5 Medicare wages and tips: 31756.70
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Control number: 418327
 Dept: CL 12/WFO
 Corp: 262262
 Employer use only: A 743

Employer's name, address, and ZIP code
NALGE NUNC INTERNATIONAL
CORP
300 INDUSTRY DRIVE
PITTSBURGH PA 15275

Employee's FED ID number: 13-3326824
 Employee's SSA number: XXX-XX-9327

7 Social security tips
 8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12: C | 2.92
 12b D | 824.20
 12c W | 2249.80
 12d DD | 4811.92

13 Stat emp./Ret. plan/3rd party sick pay: X

Employee's name, address and ZIP code
SHONICQUE MC CLOUD
ELMWOOD TERRACE
ROCHESTER NY 14620

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PITTSBURGH PA 15275

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