						Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an					Gross Wages	115066.3			
Please note that the Gross amount may include adjustments.					Txbl Benefits	727.0			
required to file a	tax return, a ne	gligence pena	Ity or oth	nue Service. If you are ner sanction may be	Group Term Life Adoption	52.7	8 52.7	78 52.7	
imposed on you it					Deferred Comp	(11030.80))		
Form W-2 Wage a					Section 125	(12235.54		4) (12235.54	
Copy C—For EMPLOYEE'S RECORDS					Other Pretax/Wage Limit	(727.01			
					W-2 Wages	91852.8	2 102883.6	52 102883.6	
0. CONTROL NUMBER				1. WAGES, TIPS, OTHER COMPE 91	ENSATION 1852.82	2. FEDERAL INCOME TAX	X WITHHELD 5277.45		
B. EMPLOYER IDENTIFICA 59-3228107	TION NUMBER (EIN)	A. EMPLOYEE'S 486-25-3091		URITY NUMBER	3. SOCIAL SECURITY WAGES	2883.62	4. SOCIAL SECURITY TA	X WITHHELD 6378.78	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C				5. MEDICARE WAGES AND TIP		6. MEDICARE TAX WITH	HHELD	
Ceridian HCM Inc. 3311 E. Old Shakope Bloomington MN 5542					7. SOCIAL SECURITY TIPS	2883.62	8. ALLOCATED TIPS	1491.81	
					9.		10. DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAM Archana	ME AND INITIAL	LAST NA		SUFF.	11. NONQUALIFIED PLANS		12.a-d See instructions for C	box 12 52.7	
1459 Myrtle Oaks Trl		Kondu			14. OTHER		D	11030.8	
Oviedo FL 32765							W AA	7300.0 3547.3	
JSA							13. STATUTORY RETIR	EMENT THIRD-PARTY	
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0. CONTROL NUMBER 000651201201			2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPR	ENSATION 1852.82	2. FEDERAL INCOME TAX	X WITHHELD 5277.45	
3. EMPLOYER IDENTIFICA 59-3228107		A. EMPLOYEE'S 486-25-3091		CURITY NUMBER		2883.62	4. SOCIAL SECURITY TAX WITHHELD 6378.78		
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Ceridian HCM Inc. 3311 E. Old Shakope Bloomington MN 5542					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	1491.81	
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Archana		LAST NA Kondu		SUFF.		:	12.a-d C D		
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D. CONTROL NUMBER 1. WAGES, TIPS, OTHER COMPENSATION 2. FEDERAL INCOME TAX WITHHELD

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B. EMPLOYER IDENTIFICAT	TION NUMBER (EIN)	A. EMPLOYEE'S S	OCIAL SECURI	TY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIA	4. SOCIAL SECURITY TAX WITHHELD		
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Copy B-To Be Filed W	Department of	of the Treas	sury - Inte	rnal Revenue Service						

FORM W-2 Wage and Tax Statement

Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service

14. OTHER 14. OTHER 14. OTHER 14. OTHER 15. STATE EMPLOYER'S ADDRESS AND ZIP CODE 17. STATE NOME TAX 18. LOCAL WAGES, TIPS, ETC. 18. LOCAL WAG	+							Federal B	ox 1 Soc. Sec	Box 3 & 7	Medicare Box 5	
PRESEND FOR THAT the Gross amount may include adjustments. This information is being furnished to the Informat Revenue Service, If you are required to file a bax return, a negligence penalty or other sanction may be improved on you this incrome is stable and you fell to report it. Form W-2 Wage and Tax Statement 2022 COMPION NUMBER D. COMPTION NUMBER D. COMPTIO		evolanation of w	nur W-2 waa	96			Gross Wag	es				
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B. EMPLOYER IDENTIFICATION NUMBER (EIN	A. EMPLOYEE'S SOCIAL SECURITY NUM	/BER	3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY TAX	WITHHELD
59-3228107	486-25-3091						
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITH	HELD
Ceridian HCM Inc. 3311 E. Old Shakopee Road Bloomington MN 55425			7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS	
			9.			10. DEPENDENT CARE BEI	NEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Archana	LAST NAME Konduru	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for b	ox 12 23090.34
1459 Myrtle Oaks Trl Oviedo FL 32765 USA			14. OTHER				MENT THIRD-PARTY
F. EMPLOYEE'S ADDRESS AND ZIP CODE						EMPLOYEE - PLAN	SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBE	R 16. STATE WAGES, TIPS, ETC. 1	7. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, E	TC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME

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2022

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FORM W-2 Wage and Tax Statement