d Control number 0741-20015568 Void 013820886 - ENGINE b Employer identification number (EIN) I a Employee's social security number					c Employer's name, address, and ZIP code NETROVERT SOFTWARE INC PBS OF CENTRAL FLORIDA LLC 970 LAKE CARILLON DRIVE SUITE			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
59-3101031 XXX-XX-4901				1 Wages,				tips, other compensation 65836.59		2 Federal income tax withheld 10945.83	
13 Statutor employe	ry Re ee	tirement plan	Third-party sick pay	SAINT PETE	RSBURG FL 3371	6		3 Social se	ecurity wages 65836.59	4 Social security tax withheld	4081.87
12 See instru	ctions for box 12	14 Other		e Employee's name	, address, and ZIP code			5 Medicare	wages and tips 65836.59	6 Medicare tax withheld	954.63
				SWETHA SA 120 ALEXAN	DDI DRITE COURT			7 Social S	ecurity Tips	8 Altocated Tips	
				HOLLY SPRI	NGS NC 27540			10 Depend	ent care benefits	11 Nonqualified plans	
15 State	Employer's state ID	number	16 State wage	s, tips, etc.	17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
NC	600321499			65836.59		2973.00		=			

Form W-2 Wage and Tax Statement 2022

Copy B, to be filed with employee's FEDERAL tax return

Copy C, for employee's records

d Control number 0741-20015568 0013820886 - ENGIN		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) a En 59-3101031 13 Statutory Retirement employee Retirement	ployee's social security number XXX-XX-4901 Third-party sick pay	NETROVERT SOFTWARE INC PBS OF CENTRAL FLORIDA LLC 970 LAKE CARILLON DRIVE SUIT SAINT PETERSBURG FL 33716		Wages, tips, other compensation 65836.59 Social security wages 65836.59	2 Federal income tax withheld 10945.83 4 Social security tax withheld 4081.87		
12 See instructions for box 12 14 C	her	e Employee's name, address, and ZIP code		5 Medicare wages and tips 65836.59	6 Medicare tax withheld 954.63		
		SWETHA SADDI 120 ALEXANDRITE COURT		7 Social Security Tips	8 Allocated Tips		
		HOLLY SPRINGS NC 27540		10 Dependent care benefits	11 Nonqualified plans		
					<u></u>		
15 State Employer's state ID number	16 State wages, ti	s, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NC 600321499		65836.59	973.00	V 4 1 5	^ v v v v v v v		

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 2, to be filed with employee's tax return for NC

d Control number 0741-20015568 0013820886 - I	ENGINE		, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) 59-3101031 13 Statutory Ret employee	XXX-XX-4901 rement Third-party sick pay	PBS OF CE 970 LAKE C	NTRAL FLORIDA LLC ARILLON DRIVE SUITE ERSBURG FL 33716		1 Wages, tips, other compensation 65836.59 3 Social security wages 65836.59	Federal income tax withheld 10945.83 Social security tax withheld 4081.87		
12 See instructions for box 12	14 Other	SWETHA S	ne, address, and ZIP code ADDI NDRITE COURT IINGS NC 27540	4	5 Medicare wages and tips 65836.59 7 Social Security Tips 10 Dependent care benefits	6 Medicare tax withheld 954.63 8 Allocated Tips 11 Nonqualified plans		
15 State Employer's state ID I	number 16 State v	vages, tips, etc. 65836.59	17 State income tax 2973.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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Form W-2 Wage and Tax Statement 2022

d Control number b Employer identification number (EIN) a Employee's social security r	c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
a Employee's social security in	umber				1 Wages,	tips, other compensation	2 Federal income tax withheld
13 Statutory Retirement Third employee plan sick	-party pay				3 Social se	ecurity wages	4 Social security tax withheld
12 See instructions for box 12 14 Other		e Employee's name	e, address, and ZIP code		5 Medicare	e wages and tips	6 Medicare tax withheld
1 g 5						ecurity Tips	8 Allocated Tips
· · · · · · · · · · · · · · · · · · ·					10 Depend	ent care benefits	11 Nonqualified plans
						=	
15 State Employer's state ID number 16 S	State wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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