Copy B—To Be Filed With Employee's FEDERAL Tax Return.				
1 Wages, tips, other comp.	2 Federal income tax withheld			
107085.08	7911.20			
3 Social security wages	4 Social security tax withheld			
113676.12	7047.92			
5 Medicare wages and tips	6 Medicare tax withheld			
113676.12	1648.30			
	107085.08 3 Social security wages 113676.12 5 Medicare wages and tips			

c Employer's name, address, and ZIP code Great American Insurance Company 301 E. Fourth Street Cincinnati, OH 45202-3110

d Control number GAIC Great

e Employee's name, address, and ZIP code Suresh Babu Narra 6796 CHARLESTOWN LN MASON, OH 45040

7 Social security tips			8 Allocated tips		9		
Dependent care benefits			11 Nonqualified plans			Code	See inst. for box 12 29.92
3 Statu	utory employee	14 Other	r		12	Code	
					D		6591.04
Reti	irement plan	1			120	Code	
	X				W		3350.00
Third-party sick pay					12d Code DD		15713.14
OH 510532484			107085.08		g.	3596.15	
5 State Employer's state ID numi		ber	16 State wages, tips, etc.	-	7 State	e income tax	
8 Local wages, tips, etc.		c. 1	9 L	Local income tax 20 Locality name		y name	
24684.03		4.03		444.30	CINCI		CINCI
77207.30				864.72	MASON		MASON
orm W-2 Wage and Tax Stater			me	nt 2022	Dept. of the Treasury - IRS		

orm W-2 Wage and Tax Statement 5055 his information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed Wit City, or Local Income Ta	OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld					
XXX-XX-2114	107085.08	7911.20					
XXX-XX-Z114	3 Social security wages	4 Social security tax withheld					
b Employer ID number (EIN)	113676.12	7047.92					
210501224	5 Medicare wages and tips	6 Medicare tax withheld					
310501234	113676.12	1648.30					
c Employer's name, address, and ZIP code							
Great American	Indurance Company						

Great American Insurance Company 301 E. Fourth Street Cincinnati, OH 45202-3110

d Control number GAIC Great

e Employee's name, address, and ZIP code Suresh Babu Narra 6796 CHARLESTOWN LN MASON, OH 45040

7 Social security tips	8 A	Allocated tips	9	econsono (i ere	
10 Dependent care benefits	11 N	lonqualified plans	12	a Code	29.92
13 Statutory employee 14	Other		121 I	b Code	6591.04
Retirement plan X			120 V	c Code	3350.00
Third-party sick pay				d Code DD	15713.14
OH 510532484		107085.08	3		3596.15
15 State Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		ncome tax
18 Local wages, tips, etc.		ocal income tax	20 Locality name		name
24684.03		444.30		CINCI	
77207.3	864.72		MASON		

2022 Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Notice to Employee on th	E'S RECORDS (See le back of Copy B.)	OMB No. 1545-0008				
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld				
XXX-XX-2114	107085.08	7911.20				
XXX-XX-2114	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	113676.12	7047.92				
210501224	5 Medicare wages and tips	6 Medicare tax withheld				
310501234	113676.12	1648.30				

c Employer's name, address, and ZIP code Great American Insurance Company 301 E. Fourth Street Cincinnati, OH 45202-3110

d Control number GAIC Great

e Employee's name, address, and ZIP code Suresh Babu Narra 6796 CHARLESTOWN LN MASON, OH 45040

7 Social security tips		8 A	llocated tips	9	54545661	
Dependent care benefits		11 N	lonqualified plans	12:	Code	See inst. for box 12 29.92
3 Statutory employee	14 Oth	er		12t	Code	6591.04
Retirement plan X				12c Code W		3350.00
Third-party sick pay			1	Code	15713.14	
OH 51053248	34		107085.08	3		3596.15
5 State Employer's state ID no		nber	ber 16 State wages, tips, etc. 17		7 State	e income tax
8 Local wages, tips, etc.		19 L	ocal income tax	20 Locality name		/ name
24684.03			444.30 CINC		CINCI	
7720	7.30		864.72		MASON	

orm W-2 Wage and Tax Statement 2022 Dept. of the Treasun his information is being furnished to the IRS. If you are required to file a tax return, a negligence enalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Dept. of the Treasury - IRS

Copy 2—To Be Filed Wit City, or Local Income Ta	OMB No. 1545-0008					
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld				
XXX-XX-2114	107085.08	7911.20				
XXX-XX-ZII4	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	113676.12	7047.92				
210501224	5 Medicare wages and tips	6 Medicare tax withheld				
310501234	113676.12	1648.30				
- Faralana da anno and disconnected 710 and a						

c Employer's name, address, and ZIP code Great American Insurance Company 301 E. Fourth Street Cincinnati, OH 45202-3110

d Control number GAIC Great

e Employee's name, address, and ZIP code Suresh Babu Narra 6796 CHARLESTOWN LN MASON, OH 45040

7 Soci	al security tips		8 A	llocated tips	9	Oliones e	
10 Dependent care benefits		efits	11 Nonqualified plans			a Code	
					(2	29.92
13 State	utory employee	14 Oth	er		12	b Code	
					I)	6591.04
Ret	irement plan	1			12	c Code	
	х .				W		3350.00
Third-	party sick pay	1				d Code	
						DD	15713.14
OH	OH 510532484			107085.08			3596.15
15 State Employer's state ID nu		e ID nur	mber	16 State wages, tips, etc.		17 State i	ncome tax
18 Local wages, tips, etc.		5.	19 L	ocal income tax	tax 20 Locality name		name
24684.03		1.03		444.30	CINCI		INCI
77207.30				864.72		ASON	

Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

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