

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code NAVISTAR, INC. 2701 NAVISTAR DRIVE LISLE IL 60532		7 Social security tips	1 Wages, tips, other compensation 134114.48	2 Federal income tax withheld 16023.79	
		8 Allocated tips	3 Social security wages 141554.03	4 Social security tax withheld 8776.35	
		9	5 Medicare wages and tips 141554.03	6 Medicare tax withheld 2052.53	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 183.27	
e Employee's name, address, and ZIP code MANOJ KONDAM 3565 GABRIELLE LANE AURORA IL 60504		13 Statutory employee Retirement plan <input checked="" type="checkbox"/> Third-party sick pay b Employer identification number (EIN) 36-1264810 a Employee's social security number XXX-XX-3349	14 Other 14M 800.00 14Z 5089.92	12b D 7439.55 12c DD 19042.60 12d	
15 State IL 36-1264810 000 9	16 State wages, tips, etc. 134114.48	17 State income tax 6398.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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**

c Employer's name, address, and ZIP code NAVISTAR, INC. 2701 NAVISTAR DRIVE LISLE IL 60532		7 Social security tips	1 Wages, tips, other compensation 134114.48	2 Federal income tax withheld 16023.79	
		8 Allocated tips	3 Social security wages 141554.03	4 Social security tax withheld 8776.35	
		9	5 Medicare wages and tips 141554.03	6 Medicare tax withheld 2052.53	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 183.27	
e Employee's name, address, and ZIP code MANOJ KONDAM 3565 GABRIELLE LANE AURORA IL 60504		13 Statutory employee Retirement plan <input checked="" type="checkbox"/> Third-party sick pay b Employer identification number (EIN) 36-1264810 a Employee's social security number XXX-XX-3349	14 Other 14M 800.00 14Z 5089.92	12b D 7439.55 12c DD 19042.60 12d	
15 State IL 36-1264810 000 9	16 State wages, tips, etc. 134114.48	17 State income tax 6398.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code NAVISTAR, INC. 2701 NAVISTAR DRIVE LISLE IL 60532		7 Social security tips	1 Wages, tips, other compensation 134114.48	2 Federal income tax withheld 16023.79	
		8 Allocated tips	3 Social security wages 141554.03	4 Social security tax withheld 8776.35	
		9	5 Medicare wages and tips 141554.03	6 Medicare tax withheld 2052.53	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 183.27	
e Employee's name, address, and ZIP code MANOJ KONDAM 3565 GABRIELLE LANE AURORA IL 60504		13 Statutory employee Retirement plan <input checked="" type="checkbox"/> Third-party sick pay b Employer identification number (EIN) 36-1264810 a Employee's social security number XXX-XX-3349	14 Other 14M 800.00 14Z 5089.92	12b D 7439.55 12c DD 19042.60 12d	
15 State IL 36-1264810 000 9	16 State wages, tips, etc. 134114.48	17 State income tax 6398.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code NAVISTAR, INC. 2701 NAVISTAR DRIVE LISLE IL 60532		7 Social security tips	1 Wages, tips, other compensation 134114.48	2 Federal income tax withheld 16023.79	
		8 Allocated tips	3 Social security wages 141554.03	4 Social security tax withheld 8776.35	
		9	5 Medicare wages and tips 141554.03	6 Medicare tax withheld 2052.53	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 183.27	
e Employee's name, address, and ZIP code MANOJ KONDAM 3565 GABRIELLE LANE AURORA IL 60504		13 Statutory employee Retirement plan <input checked="" type="checkbox"/> Third-party sick pay b Employer identification number (EIN) 36-1264810 a Employee's social security number XXX-XX-3349	14 Other 14M 800.00 14Z 5089.92	12b D 7439.55 12c DD 19042.60 12d	
15 State IL 36-1264810 000 9	16 State wages, tips, etc. 134114.48	17 State income tax 6398.61	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**