									Fed	deral Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5	
to the right is an explanation of your in 2 mages.							Gross Wages 92930. Txbl Benefits			92930.	70 92930.	70 92930.70	
This information is being furnished to the Internal Revenue Service. If you are							Group Term Adoption	Group Term Life 79. Adoption		20 79.	20 79.20		
imposea	on you if this	income is t	axable and yo	u raii to	report it.		Deferred Co	rred Comp (3116.			74)		
	2 Wage and Ta						Section 125	i		(1594.9	95) (1594.9	5) (1594.95)	
Copy C—	For EMPLOYEE	e's record	os				Other Preta	x/Wage Lim	nit	(760.0	00) (760.0	0) (760.00)	
					W-2 Wages			87538.	.21 90654.	95 90654.95			
D. CONTROL N	IUMBER				OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION			N	2. FEDERAL INCOME TAX WITHHELD		
0000166328		2022 OMB NO. 1545-0				87538.21				12027.54			
	IDENTIFICATION N	NUMBER (EIN)	A. EMPLOYEE'S S	OCIAL SEC	URITY NUM	BER	3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
47-3565084			674-97-0839				90654.95					5620.61	
	S NAME, ADDRESS	S, AND ZIP C	DDE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
iManage LLC							90654.95					1314.50	
71 S. Wacke Suite 400	er Drive						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
Chicago IL 6	0606												
						9. 10. DEPENDENT CARE BENEFITS					BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					SUFF.	11. NONQUALIFIED PLANS 12.a-d See instructions for box 12							
Kritika Singh										C	79.20		
1251 Townes Circle						14. OTHER MOVE 3337.74			3337.74	D W	3116.74 277.20		
Aurora IL 60502 USA									DD	6870.04			
										13. STATUTORY RETII	REMENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T					ΔΥ	18. LOCAL W	VAGES TIPS	FTC 10	LOCAL INCOME TAX	20. LOCALITY NAME			
	47-3565084 00		IV. STATE WAGE	87538		. STATE INCOME T	4329.21	10. LOCAL W	vnoco, Hro,	15	LOCAL INCOME TAX	20. EUCALITI NAIVIE	

D. CONTROL NUMBER				ONAD NO. 4545 000	1. WAGES, T	IPS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	X WITHHELD	
000016632801			2022	OMB NO. 1545-000	8	87538.21			12027.54	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECUR				URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TO	4. SOCIAL SECURITY TAX WITHHELD	
47-3565084 674-97-0839						90654.	95	5620.61		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
iManage LLC						90654.	95		1314.50	
71 S. Wacker Drive Suite 400						CURITY TIPS		8. ALLOCATED TIPS		
Cilicago IL 00000	Chicago IL 60606							10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME	SUFF	11. NONQUAI	IFIED PLANS		12.a-d		
Kritika		Singh						С	79.20	
1251 Townes Circle					14. OTHER M	OVE	3337.74	D	3116.74	
Aurora IL 60502								W	277.20	
USA									6870.04	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
	'S STATE ID NUMBER	16. STATE WAG	, ,			18. LOCAL WAGES, TIP	S, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	
IL 47-3565	084 000 0		87538	3.21	4329.21					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000016632801	2022	OMB NO. 1545-00	08	WAGES, TIF	s, other compense 87538		2. FEDERAL INCOME	TAX WITHHELD 12027.54		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SE	CURITY NUMBER	3. 9	OCIAL SEC	URITY WAGES	5.21	4. SOCIAL SECURITY			
47-3565084	674-97-0839				90654	1.95		5620.61		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. N	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX V	6. MEDICARE TAX WITHHELD		
Manage LLC					90654	1.95		1314.50		
71 S. Wacker Drive Suite 400					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Chicago IL 60606					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Kritika	LAST NAME Singh	SU	FF. 11.1	NONQUALI	FIED PLANS		12.a-d C	79.20		
1251 Townes Circle			14. (OTHER MO	VE	3337.7	D	3116.74		
Aurora IL 60502			1	O INICIA MIO	VE	333/./	4 W	277.20		
USA							DD	6870.04		
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RE	TIREMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER					18. LOCAL WAGES, T	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
IL 47-3565084 000 0	8753	8.21	43	29.21						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER		0	MB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATI	ON	2. FEDERAL INCOME TA	XX WITHHELD	
000016632	.6632801		2022	WID INO. 1343-0006		87538.2	21		12027.54	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
47-3565084 674-97-0839						90654.9	95	5620.61		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
iManage LL					90654.95			1314.50		
71 S. Wack Suite 400 Chicago IL			7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
Cilicago IL	. 00000				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions fo	r box 12	
Kritika		Singh						C	79.20	
	o				14. OTHER MC			D	3116.74	
1251 Town			14. OTHER MC	DVE	3337.74	W	277.20			
Aurora IL 6 USA	60302					DD	6870.04			
USA								13. STATUTORY RETIREMENT THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLAN	SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGE	S, TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIP	S, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	
IL	47-3565084 000 0		87538.21		4329.21					