

OMB No. 1545-0008
d Control Number
 1 Wages, tips, other compensation 2 Federal income tax withheld
 12000.00 762.10
b Employer identification number (EIN)
 01-0685775 3 Social security wages 4 Social security tax withheld
 12000.00 744.00
a Employee's social security number
 XXX-XX-3925 5 Medicare wages and tips 6 Medicare tax withheld
 12000.00 174.00
c Employer's name, address and ZIP code
 ACTALENT SCIENTIFIC, LLC
 7301 PARKWAY DR
 HANOVER MD 21076

7 Social security tips 8 Allocated tips 9
 10 Dependent care benefits 11 Nonqualified plans 12a
 12b 12c 12d See instructions for box 12
 13 Statutory employee Retirement plan Third-party sick pay 14 Other

e Employee's name, address and ZIP code
 SRI SRAVYA CHAKILAM
 16631 N 56TH ST
 APT 2082
 SCOTTSDALE AZ 85254

2022 Form W-2
 15 State Employer's state I.D. no. AZ 01-068577 5 16 State wages, tips, etc. 12000.00

Wage and Tax Statement
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)
 17 State income tax 96.00 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name
 Department of the Treasury - Internal Revenue Service

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Wage and Tax Statement
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
 17 State income tax 96.00 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name
 Department of the Treasury - Internal Revenue Service

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Wage and Tax Statement
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
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 19 Local income tax 20 Locality name
 Department of the Treasury - Internal Revenue Service

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