							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the right is an Please note that t				ents.	Gross Wage Txbl Benefi		118019.	11 118019.1	1 118019.11		
required to file a	tax return, a ne	gligence penal	ty or oth	nue Service, If you are er sanction may be	Group Term	Life	110.	40 110.4	0 110.40		
imposed on you if this income is taxable and you fail to report it.						omp	(3540.5	54)			
Form W-2 Wage a					Section 125	i	(3746.1	.6) (3746.16	(3746.16)		
Copy C—For EMP	LOYEE'S RECORI	JS			Other Preta	x/Wage Limit		(114383.35	5) (114383.35)		
					W-2 Wages		110842.	81			
D. CONTROL NUMBER 000097194201			2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 110842.81			2. FEDERAL INCOME TAX WITHHELD 17057.28			
B. EMPLOYER IDENTIFICA 94-3326476	TION NUMBER (EIN)	A. EMPLOYEE'S S 098-53-1992	SOCIAL SECU	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD				
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
Exlservice Com, LLC 10 Exchange Place Ste 2200 Jersey City NJ 07302					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Sersey city No 07302					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAM SALMAN	ME AND INITIAL	LAST NA R AF IUI		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for C	110.40		
722 sip street Apt 23					14. OTHER NJ	DI FLI	165.23 165.23	D DD	3540.54 8381.52		
Union City NJ 07087 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					NJUI WF SW 169.16 13. STATUTORY RETIREMENT EMPLOYEE PLAN		MENT X THIRD-PARTY SICK PAY				
15. STATE EMPLOYER' NJ 943-326-	S STATE ID NUMBER 476/000	16. STATE WAGE	114588.		5668.50	18. LOCAL WAGES, 1	TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL I 000097194	10,5,000,5,500			IB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 110842.81			2. FEDERAL INCOME TAX WITHHELD 17057.28		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-53-1992						3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Exiservice.Com, LLC							WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
10 Exchange Place Ste 2200						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Jersey City NJ 07302						9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE SALMAN	'S FIRST NAME AND INITIAL	LAST NAF			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	110.40	
722 sip street Apt 23						14. OTHER NJ NJ	DI FLI	165.2 165.2	- 00	3540.54 8381.52	
Union City NJ 07087 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. SIAIOIONI NEII	REMENT X THIRD-PARTY SICK PAY		
	EMPLOYER'S STATE ID NUMBER 943-326-476/000		s, TIPS, ETC. 114588.97	17. S	TATE INCOME T	AX 5668.50	18. LOCAL WAGES, TII	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000097194		2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 110842		2. FEDERAL INCOME TAX WITHHELD 17057.28		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-53-1992					CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER Exiservice	R'S NAME, ADDRESS, AND ZIP C Com, LLC	ODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD	
10 Exchang Ste 2200	-			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City NJ 07302							10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME RAFIULLAH	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	110.40	
722 sip str Apt 23 Union City					FLI	165.23 165.23	D DD	3540.54 8381.52	
USA	e's address and zip code			NJ	UI WF SW	169.16	13. STATUTORY RET PLA	REMENT X THIRD-PARTY SICK PAY	
15. STATE NJ	EMPLOYER'S STATE ID NUMBER 943-326-476/000	16. STATE WAGES, TIPS, E 114588		5668.50	18. LOCAL WAGES, T	PS, ETC. 1	D. LOCAL INCOME TAX	20. LOCALITY NAME	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000097194		2022	OMB N	IO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSAT 110842.		2. FEDERAL INCOME TAX WITHHELD 17057-28		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SEC 94-3326476 098-53-1992			CURITY NUM	MBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Exiservice. 10 Exchang Ste 2200	ge Place				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City NJ 07302					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME RAFIULLAH		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	110.40	
722 sip str Apt 23					14. OTHER NJ	l DI I FLI	165.23 165.23	l DD	3540.54 8381.52	
Union City NJ 07087 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					NJUI WF SW 169.16 13. STATUTORY RETIREMEN PLAN					
15. STATE NJ	EMPLOYER'S STATE ID NUMBER 943-326-476/000	16. STATE WAGES, TIPS, E 114588	23029902	.7. STATE INCOME T	5668.50	18. LOCAL WAGES, TIP	PS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	