Medicare Wages and Tips Box 5 of W-2

Social Security Wages Box 3 of W-2

\$56,865.82 \$0.00 N/A (\$1,186.47) \$0.00 \$0.00

\$55,679.35 Social Security

Box 4 of W-2

\$3,452.12

Mary Partipilo 2

\$56,865.82 \$0.00 N/A (\$1,186.47) \$0.00

N/A \$55,679.35

Medicare

\$807.35

Box 6 of W-2

2022 W-2 and Earnings Summary	y
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\$56,865.82 \$0.00 \$0.00 (\$1,186.47) \$0.00

N/A \$55,679.35

Fed Income Box 2 of W-2

\$7,103.47

Wages, Tips, Other Comp. Box 1 of W-2

Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay

Less: Excess Wages Total Reported Wages

Tax Withheld

Form W-2 W	lage and Tax Statement					
Copy C - For EMPLOY						
This information is being furnished to the l to file a tax return, a negligence penalty or imposed on you if this income is taxable a	RS. If you are required other sanction may be nd you fail to report it. OMB No. 1545-0008 Department of Treasury - Internal Revenue Service					
Control number 0YC52 549	9 00553					
Employer's name, address, and ZIP code						
DYNAMIC MANUFACTURING INC 4201 RAYMOND HILLSIDE IL 60162						
Employee's name, address, and ZIP code						
ANANT PATIL						
	, APT 301					
ELK GROVE VI	LLAGE IL 60007					
55679.3	5 7103.47					
1 Wages, tips, other comp.	2 Federal income tax withheld					
55679.3	5 3452.12					
3 Social security wages	4 Social security tax withheld					
55679.3						
5 Medicare wages and tips	6 Medicare tax withheld					
7 Social security tips 8 Allocated tips						
9	10 Dependent care benefits					
11 Nonqualified plans	12a DD 3546.10					
	12b					
13 Statutory Retirement Third-party plan Sick pay	12c					
	12d					
Employee's social security no 826-33-6870	D. 14 DHM 166.87 VIS 5.52					
Employer ID number (EIN) 36-3989759	V15 5.52					
15 St. Employer's state ID number	16 State wages, tips, etc. 17 State income tax					
IL 36-3989759	55679.35 2756.20					
18 Local wages, tips, etc.	19 Local income tax 20 Locality name					

IL S Gross Pay Less: Non-Taxable Earnings Less: Netirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Reported Wages	State Wages, Tips, etc. Box 16 of W-2 \$56,865.82 \$0.00 \$0.00 (\$1,186.47) \$0.00 \$55,679.35	
	IL State Income Tax	
Tax Withheld	Box 17 of W-2 \$2,756.20	
any additional compensation received after th deferrals, health insurance, or other Sec. 125 o	ges as of your last pay stateme le last pay statement. Gross pay cafeteria plan deductions, etc.	nt for the year minus any non-taxable earnings or deductions, plus y may not match Box 1 wages due to deductions for retirement Form W-2 Wage and Tax Staten
	2022	
	OMB No. 1545-0008 Department of Treasury -	Copy 2 — To Be Filed With Employee's State, City, or Local
come Tax Return.	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service	Copy 2 — To Be Filed With 2 Employee's State. City. or Local OMB No. 15
ncome Tax Return. nontrol 0YC52 5499 005	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service	Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return.
Employee's State, City, or Local Income Tax Return. Control OYC52 5499 005 Employer's name, address, and ZIP code DYNAMIC MANUFACTURIN 4201 RAYMOND HILLSIDE IL 60162	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service	Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. Control number 0YC52 5499 00553
Income Tax Return. Control 0YC52 5499 005 Employer's name, address, and ZIP code DYNAMIC MANUFACTURIN 4201 RAYMOND	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service 153 NG INC 301	Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. Control OYC52 5499 00553 Employer's name, address, and ZIP code DYNAMIC MANUFACTURING INC 4201 RAYMOND
ncione Tax Return. Difference of the second	OMB No. 1545-0008 Department of Treasury - Internal Revenue Service 153 NG INC 301	Correct To Be Filed With Employee's State, City, or Local Income Tax Return. Control OYC52 5499 00553 Employer's name, address, and ZIP code DYNAMIC MANUFACTURING INC 4201 RAYMOND HILLSIDE IL 60162 Employee's name, address, and ZIP code ANANT PATIL 480 EAGLE DR, APT 301 ELK GROVE VILLAGE IL 6000 55679.35 7103. 1 Wages, tips, other comp. 2 Federal income tax with
nome Tax Return. Gartrol OYC52 5499 005 imployer's name, address, and ZIP code DYNAMIC MANUFACTURIN 4201 RAYMOND HILLSIDE IL 60162 imployee's name, address, and ZIP code ANANT PATIL 480 EAGLE DR, APT ELK GROVE VILLAGE 55679.35 Wages, tips, other comp. 55679.35	OMB No. 1545-0008 Department of Treasury- internal Revenue Service 153 NG INC 301 IL 60007 7103.47	Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return. Control OVC52 5499 00553 Employer's name, address, and ZIP code DYNAMIC MANUFACTURING INC 4201 RAYMOND HILLSIDE IL 60162 Employee's name, address, and ZIP code ANANT PATIL 480 EAGLE DR, APT 301 ELK GROVE VILLAGE IL 6000 55679.35 7103.

Employee's FEDERAL Tax Return.			OMB No. 1545-0008	
This information is being furnished to the	IRS.		Inte	partment of Treasury - ernal Revenue Service
Control number 0YC52 549	9	00553	3	
Employer's name, address, and ZIP code				
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DYNAMIC MANUFA	4C.	PURING	T	NC
4201 RAYMOND HILLSIDE IL 60	<u>م</u> ۲ ۲	50		
) T (02		
Employee's name, address, and ZIP code)			
ANANT PATIL				
480 EAGLE DR		APT 3	01	
ELK GROVE VI				
		101 1		00007
55679.3	5		- 7	103.47
1 Wages, tips, other comp	-	2 Federal i		me tax withheld
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3 Social security wages	55	4 Social s		ity tax withheld
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5 Medicare wages and tips	5			x withheld
7 Social security tips		8 Allocate	d tip	os
9		10 Depend	ent	care benefits
11 Nonqualified plans		12a DD		3546.10
		12b		
13 Statutory Retirement Third-part plan Sick pay	y	12c		
		12d		
Employee's social security n	ю.	14		
826-33-6870		DHM		166.87
Employer ID number (EIN)		VIS		5.52
36-3989759				
15 St. Employer's state ID number	16	State wages, tips	etc	17 State income tax
IL 36-3989759		55679.3		2756.20
TT 20-2202122	1 2	50/9.3	55	2750.20
10	10			00
18 Local wages, tips, etc.	19	Local income tax		20 Locality name

Wage and Tax Statement

5055

Form W-2 Wage Copy B — To Be Filed With

Employee's name, address, and ZIP code ANANT PATIL 480 EAGLE DR, ELK GROVE VII	
55679.3 1 Wages, tips, other comp.	. 2 Federal income tax withheld
55679.3 3 Social security wages	4 Social security tax withheld
55679.3 5 Medicare wages and tips	007.00
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 3546.10 12b
13 Statutory Retirement Third-party sick pay	y 12c 12d
Employee's social security no 826-33-6870 Employer ID number (EIN) 36-3989759	0. 14 DHM 166.87 VIS 5.52
15 St. Employer's state ID number IL 36-3989759	16 State wages, tips, etc. 17 State income tax 55679.35 2756.20
18 Local wages, tips, etc.	19 Local income tax 20 Locality name

Form W-2 W Copy 2 — To Be Filed W			ax	Statement	
Employee's State, City, or				OMB No. 1545-0008	
Income Tax Return.	201	Jui	Dep	partment of Treasury - ernal Revenue Service	
Control 0YC52 5499	9	00553			1
Employer's name, address, and ZIP code					1
DYNAMIC MANUFA 4201 RAYMOND HILLSIDE IL 60	-		I	NC	
Employee's name, address, and ZIP code ANANT PATIL 480 EAGLE DR ELK GROVE VII	,	APT 3 AGE I			
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1 Wages, tips, other comp.		2 Federal i	ncor	me tax withheld	
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Employee's social security ne 826-33-6870	0.	14 DHM VIS		166.87	2
Employer ID number (EIN) 36-3989759		V15		5.52	PYW2
15 St. Employer's state ID number	16	State wages, tips	, etc.	17 State income tax	- ~
IL 36-3989759	[55679.3	5	2756.20	
18 Local wages, tips, etc.	19	Local income tax		20 Locality name	2585261

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For

while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC.* See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. Employee's social security number (SSN). For your

protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000. Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(Instructions for Employee continued on back of Copy 2.)

Instructions for Employee (*Continued from back of Copy B.*)

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

(Instructions for Employee continued on back of Copy C.)

Instructions for Employee (*Continued from back of Copy 2.*)

Box 12. (continued)

L-Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not

included in box 1, 3, or 5) Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. R-Employer contributions to your Archer MSA.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements. W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred

compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable. EE—Designated Roth contributions under a

governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.