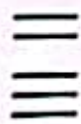


This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0047

**Copy C for employer's records**

**d Control number** Dept. Corp. Employer use only  
 501737 CLIF/GC7 T 179

**e Employer's name, address, and ZIP code**  
 AMTEX SYSTEM INC  
 28 LIBERTY STREET 6TH FL  
 NEW YORK NY 10005

Batch #02309

**e1 Employee's name, address, and ZIP code**  
 AALAP PARIMALKUMAR RANA  
 1516 DREW DRIVE  
 ATLANTA GA 30318

**b Employer's FED ID number** **a Employee's SSA number**  
 22-3494842 XXX-XX-5212

**1 Wages, tips, other comp.** **3 Federal income tax withheld**  
 6622.00 912.92

**2 Social security wages** **4 Social security tax withheld**

**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 See instructions for box 12**

**14 Other** **12b** **12c** **12d**  
 22.78 MAPFM

**13 Stat emp./ret. plan 3rd party sick pay**

**15 State Employer's state ID no.** **16 State wages, tips, etc.**  
 MA WTH11642387-003 6622.00

**17 State income tax** **18 Local wages, tips, etc.**  
 331.10

**19 Local income tax** **20 Locality name**

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	6,622.00	6,622.00	6,622.00	6,622.00
Less Exempt Wages	N/A	6,622.00	6,622.00	N/A
Reported W-2 Wages	6,622.00	0.00	0.00	6,622.00

2. Employee Name and Address.

AALAP PARIMALKUMAR RANA  
 1516 DREW DRIVE  
 ATLANTA GA 30318

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**Wages, tips, other comp.** **2 Federal income tax withheld**  
 6622.00 912.92

**3 Social security wages** **4 Social security tax withheld**

**5 Medicare wages and tips** **6 Medicare tax withheld**

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 1737 CLIF/GC7 T 179

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 AMTEX SYSTEM INC  
 28 LIBERTY STREET 6TH FL  
 NEW YORK NY 10005

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 22-3494842 XXX-XX-5212

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 MA WTH11642387-003 6622.00

**17 State income tax** **18 Local wages, tips, etc.**  
 331.10

**19 Local income tax** **20 Locality name**

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0047  
 Copy 1 to be filed with employer's Federal Income Tax Returns.

**1 Wages, tips, other comp.** **2 Federal income tax withheld**  
 6622.00 912.92

**3 Social security wages** **4 Social security tax withheld**

**5 Medicare wages and tips** **6 Medicare tax withheld**

**d Control number** Dept. Corp. Employer use only  
 501737 CLIF/GC7 T 179

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 AMTEX SYSTEM INC  
 28 LIBERTY STREET 6TH FL  
 NEW YORK NY 10005

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 22-3494842 XXX-XX-5212

**7 Social security tips** **8 Allocated tips**

**9** **10 Dependent care benefits**

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**14 Other** **12b** **12c** **12d**  
 22.78 MAPFM

**13 Stat emp./ret. plan 3rd party sick pay**

**e1 Employee's name, address and ZIP code**  
 AALAP PARIMALKUMAR RANA  
 1516 DREW DRIVE  
 ATLANTA GA 30318

**15 State Employer's state ID no.** **16 State wages, tips, etc.**  
 MA WTH11642387-003 6622.00

**17 State income tax** **18 Local wages, tips, etc.**  
 331.10

**19 Local income tax** **20 Locality name**

**MA State Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0047  
 Copy 2 to be filed with employer's State Income Tax Returns.

**1 Wages, tips, other comp.** **2 Federal income tax withheld**  
 6622.00 912.92

**3 Social security wages** **4 Social security tax withheld**

**5 Medicare wages and tips** **6 Medicare tax withheld**

**d Control number** Dept. Corp. Employer use only  
 501737 CLIF/GC7 T 179

**e Employer's name, address, and ZIP code**  
 AMTEX SYSTEM INC  
 28 LIBERTY STREET 6TH FL  
 NEW YORK NY 10005

**b Employer's FED ID number** **a Employee's SSA number**  
 22-3494842 XXX-XX-5212

**7 Social security tips** **8 Allocated tips**

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**11 Nonqualified plans** **12a**

**14 Other** **12b** **12c** **12d**  
 22.78 MAPFM

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 1516 DREW DRIVE  
 ATLANTA GA 30318

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 MA WTH11642387-003 6622.00

**17 State income tax** **18 Local wages, tips, etc.**  
 331.10

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**MA State Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0047  
 Copy 3 to be filed with employer's State Income Tax Returns.



GC7 0020 8DD35 000000150

000023984 J0957730

AMTEX SYSTEM INC  
28 LIBERTY STREET 6TH FLOOR  
NEW YORK, NY 10005



\*GC7PNA95CPK0000037432A405A817\*

024963 RO9CPW01 GC7 0020 8DD35 000000150  
AALAP PARIMALKUMAR RANA  
1516 DREW DRIVE  
ATLANTA, GA 30318

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2022**

Part I Employee				Applicable Large Employer Member (Employer)																							
1 Name of employee (first name, middle initial, last name) <b>AALAP PARIMALKUMAR RANA</b>		2 Social security number (SSN) <b>XXX-XX-5212</b>		7 Name of employer <b>AMTEX SYSTEM INC</b>		8 Employer identification number (EIN) <b>22-3494842</b>																					
3 Street address (including apartment no.) <b>1516 DREW DRIVE</b>				9 Street address (including room or suite no.) <b>28 LIBERTY STREET 6TH FLOOR</b>																							
4 City or town <b>ATLANTA</b>		5 State or province <b>GA</b>		6 Country and ZIP or foreign postal code <b>USA 30318</b>		10 Contact telephone number <b>609-312-9222</b>																					
11 City or town <b>NEW YORK</b>		12 State or province <b>NY</b>		13 Country and ZIP or foreign postal code <b>USA 10005</b>																							
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): <b>02</b>																			
14 Offer of Coverage (enter required code)													All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)													\$	\$ 330.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 408(a) Safe Harbor and Other Relief (enter code, if applicable)															2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code																											

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																	
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>