						Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5
To the right is an explanation of	vour W-2 wages	:		Gross Wage	25	157139.24	157139.24	157139.2
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.					Txbl Benefits 33.			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be					Group Term Life 564. Adoption			
imposed on you if this income is				Deferred Co	omn	(8563.00)		
Form W-2 Wage and Tax Statement 2022					5	(1899.96)		(1899.9
Copy C—For EMPLOYEE'S RECO	RDS				x/Wage Limit	(,	(8836.68)	(
				W-2 Wages		147273.68	147000.00	155836.6
D. CONTROL NUMBER 000010991901		2022	OMB NO. 1545-0008	*	PS, OTHER COMPEN 14727	73.68	. FEDERAL INCOME TAX \	18758.03
 EMPLOYER IDENTIFICATION NUMBER (EIN 4-1106980) 	A. EMPLOYEE'S SO 785-58-3525	OCIAL SECU	RITY NUMBER	3. SOCIAL SE	CURITY WAGES		. SOCIAL SECURITY TAX	WITHHELD 9114.00
4-1106980 EMPLOYER'S NAME, ADDRESS, AND ZIP				147000.00 5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD	
W I F T 621 MCDEVITT DR	CODE				155836.68		2259.63	
Culpeper VA 22701				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
				9.		10	D. DEPENDENT CARE BEN	999.96
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SUMIT K GUPTA					11. NONQUALIFIED PLANS		2.a-d See instructions for bo	ox 12 564.4
13693 Lavender Mist Ln				14. OTHER			D DD	8563.0 25405.7
Centreville VA 20120 USA								
. EMPLOYEE'S ADDRESS AND ZIP CODE							EMPLOYEE PLAN	SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBE 17/A 30541106980F001		147273.6		TAX 7762.28	18. LOCAL WAGES,	TIPS, ETC. 19. LC	OCAL INCOME TAX 2	O. LOCALITY NAME
0. CONTROL NUMBER 00010991901		2022	OMB NO. 1545-0008		PS, OTHER COMPENS	73.68	FEDERAL INCOME TAX V	18758.03
B. EMPLOYER IDENTIFICATION NUMBER (EIN 54-1106980	A. EMPLOYEE'S SO 785-58-3525	OCIAL SECU	RITY NUMBER	3. SOCIAL SECURITY WAGES 147000.00			SOCIAL SECURITY TAX	WITHHELD 9114.00
E. EMPLOYER'S NAME, ADDRESS, AND ZIP	0			5. MEDICARE	WAGES AND TIPS		. MEDICARE TAX WITHH	
WIFT					15583			2259.63
1621 MCDEVITT DR Culpeper VA 22701				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	
				9.		10	D. DEPENDENT CARE BEN	999.96
, EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SUMTT K GUPTA					11. NONQUALIFIED PLANS		2.a-d C	564.4
	001 171			14. OTHER			D	8563.0
13693 Lavender Mist Ln Centreville VA 20120 USA					14. OTHER		DD	25405.7
E. EMPLOYEE'S ADDRESS AND ZIP CODE						13	B. STATUTORY RETIREM PLAN	ENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBE /A 30541106980F001		, TIPS, ETG		TAX 7762.28	18. LOCAL WAGES,	TIPS, ETC. 19. LC	OCAL INCOME TAX 2	0. LOCALITY NAME
opy 2-To Be Filed With Employee's	State, City,or Lo	ocal Inco	me Tax Return	2022	Depa	rtment of the	Treasury - Interna	l Revenue Servi
ORM W-2 Wage and Tax	Statement							
OCONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPEN		. FEDERAL INCOME TAX V	VITHHELD 18758.03
B. EMPLOYER IDENTIFICATION NUMBER (EIN	A. EMPLOYEE'S SO 785-58-3525	OCIAL SECU	RITY NUMBER	3. SOCIAL SE	CURITY WAGES	4	SOCIAL SECURITY TAX	WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP				5. MEDICARE	WAGES AND TIPS		i. MEDICARE TAX WITHH	9114.00 ELD
S W I F T .621 MCDEVITT DR				7 600111 65	15583		ALLOCATED TIPS	2259.63
Culpeper VA 22701				7. SOCIAL SEC	LUKIIY HPS		. ALLOCATED TIPS	
				9.		10	D. DEPENDENT CARE BEN	999.96
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAM		SUFF.	11. NONQUAL			2.a-d	

 F. EMPLOYEE'S ADDRESS AND ZIP CODE

 15. STATE
 EMPLOYER'S STATE ID NUMBER 30541106980F001
 16. STATE WAGES, TIPS, ETC. 147273.68
 Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury - Internal Revenue Service

13. STATUTORY RETIREMENT X THIRD-PARTY EMPLOYEE PLAN SICK PAY

D

DD

18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME

8563.00

25405.77

FORM W-2 Wage and Tax Statement

13693 Lavender Mist Ln Centreville VA 20120 USA

			· · · · · · · · · · · · · · · · · · ·
D. CONTROL NUMBER	OMB NO 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD

17. STATE INCOME TAX

14. OTHER

7762.28

2022

000010991901		2022		OIVID NO. 1343-0000		147273.68		18758.03	
B. EMPLOYER IDENTIF	EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD			
54-1106980		785-58-3525					147000.00		9114.00
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE					5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD		
SWIFT							155836.68		2259.63
1621 MCDEVITT DR Culpeper VA 22701				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS			
						9.		10. DEPENDENT CARE	BENEFITS
								111111111111111111111111111111111111111	999.96
E. EMPLOYEE'S FIRST	EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.		SUFF.	11. NONQUALIFIED PLANS		12.a-d See instructions fo	12.a-d See instructions for box 12		
SUMIT K		GUPTA	١.					C	564.40
13693 Lavender N	liet I n					14. OTHER		D	8563.00
Centreville VA 201								DD	25405.77
USA									
F. EMPLOYEE'S ADDR	ESS AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOY	'ER'S STATE ID NUMBER	16. STATE WAGI	ES, TIPS, E	TC. 17. STATI	E INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME
VA 30541	106980F001		147273	.68		7762.28			
Copy B-To Be Filed With Employee's FEDERAL Tax Return				2022	Department of		rnal Revenue Service		

FORM W-2 Wage and Tax Statement

Department of the Treasury - Internal Revenue Service This information is being furnished to the Internal Revenue Service