# 2022 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. Employer use only 0000072151 V72 305S Employer's name, address, and ZIP code

SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089

e/f Employee's name, address, and ZIP code

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8

PLYMOUTH MEETING, PA 19462

b	Employer's FED ID nui 13-2762488	mber	а	Empl	ОУ	ee's SS. XXX-		
1	Wages, tips, other comp.			Fede	ral	income	tax wi	thheld
	71395	.17					8484	.06
3	Social security wages		4	Socia	al s	security	tax wit	hheld
	77630	.69					4813	.10
5	Medicare wages and ti	ps	6	Medi	cai	e tax wi	thheld	
	77630	.69					1125	.65
7	Social security tips			8 Allocated tips				
9			10	Depe	nd	ent care	benef	its
11	Nonqualified plans	L		С	str	uctions fo	19	9.20
14	Other 36.19 PA SUI	_	121					5.52
١	•	Ľ	120	: W				0.00
1			120					9.96
			13	Stat er	mp.	Ret. plan	3rd part	ty sick pay
15	State Employer's stat	e ID no.	16	State	w	ages, tip	s, etc.	
	TOTAL STATE							
17 State income tax			18 Local wages, tips, etc.					
	2522	.40				5	9556	.47
19	Local income tax		20 Locality name					
	625	.49	460402					

1	Wages, tips, other o	omp. <b>95.17</b>	2 Federal income tax withheld 8484.06		
3	Social security wag 776	es 30.69	4 Social security tax withheld 4813.10		
5	Medicare wages and 7763	d tips 30.69	6 Medicare tax withheld 1125.65		
d 00	Control number 000072151 V72	Dept.	Corp. <b>305S</b>	Employer use only 8305	

Employer's name, address, and ZIP code SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089

ı							
	b	Employer's FED ID number 13-2762488	a Employee's SSA number XXX-XX-1706				
	7	Social security tips	8 Allocated tips				
	9		10 Dependent care benefits				
	11	Nonqualified plans	С	instructions for box 12 19.20			
	14	Other 36.19 PA SUI	<sup>12b</sup> D	6235.52			
			12c W	300.00			
			12d DD	4689.96			
			13 Stat em	np. Ret. plan 3rd party sick pay			
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e/f Employee's name, address and ZIP code

POOJA GHATGE 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462

15 <b>St</b> a	ate Employer's s TOTAL STA	tate ID no. ATE	16 State wages, tips, etc.
17 <b>St</b> a	ate income tax 25	22.40	18 Local wages, tips, etc. 59556.47
19 <b>Lo</b>	cal income tax	25.49	20 Locality name 460402
	Federal	Filing	Copy

Wage and Tax Statement

B to be filed with employee's Federal Income Tax Re

payroll close. Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc... To change your employee W-4 profile information,

file a new W-4 with your payroll department.

The wages, tips, and other compensation reflected in box 1 are the

sum of those wages shown on your last pay statement, plus any

additional compensation or adjustments received after the

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462

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Wages, tips, other comp.

3 Social security wages 77630 69

71395.17

## **PAGE 01 OF 02**

8484.06

2 Federal income tax withheld

4 Social security tax withheld

	//6	4813.10					
5	77630.69			6 Medicare tax withheld 1125.65			
d	Control number	Dept.	Corp.	Emplo	yer use only		
00	00072151 V72		305S		8305		
С	Employer's name, a	ddress, ar	nd ZIP cod	le			
	SIEMENS INDI 1000 DEERFIE BUFFALO, IL	LD PKV					
)	Employer's FED ID 13-27624		a Emplo	yee's SS XXX-	A number XX-1706		
7	Social security tips		8 Alloca	ted tips			
9			10 Deper	ndent car	e benefits		
11	Nonqualified plans		12a		19.20		
11	Other 36.19 PAS	UI	C   12b D		6235.52		
'*	Other contract	0.	12c W		300.00		
			12d DD				
				Ta	4689.96		
			13 Stat em	X X	3rd party sick pay		
e/f	Employee's name,	address ar	nd ZIP cod	le			
POOJA GHATGE 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462							
	State Employer's s NC 600187349	tate ID no.			16595.16		
17	State income tax	94.00	18 Local	wages, ti	ps, etc.		
19	Local income tax		20 Locali	ty name			
_	NC. Sta	te Ref	erence	Сор	У		
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Wage and Tax

Statement

Copy 2 to be filed with employee's State Income

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1	Wages, tips, other of 7139	omp. 95.17	2 Federal income tax withheld 8484.06						
3	Social security wag	les 30.69	4 Social security tax withheld 4813.10						
5	Medicare wages an 7763	d tips 30.69	6 Medicare tax withheld 1125.65						
d	Control number	Dept.	Corp.	Employer use only					
00	000072151 V72		305S	8305					
С	c Employer's name, address, and ZIP code								
	SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089								

Social Security Number: XXX-XX-1706

b	Employer's FED ID numbe 13-2762488	a Employee's SSA number XXX-XX-1706
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C   19.20
14	Other 36.19 PA SUI	<sup>12b</sup> D 6235.52
		<sup>12c</sup> W 300.00
		<sup>12d</sup> DD 4689.96
		13 Stat emp. Ret. plan 3rd party sick pa

e/f Employee's name, address and ZIP code

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462

15	State	Employer's state ID no.	16	State wages, tips, etc.
	NC	600187349		16595.16
17	State	income tax	18	Local wages, tips, etc.
		694.00		
19	Local	income tax	20	Locality name
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NC. State Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax R

# 2022 W-2 and EARNINGS SUMMARY

PA. State Reference Copy Wage and Tax Statement Control number Corp. 0000072151 V72 305S

Employer's name, address, and ZIP code SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089

e/f Employee's name, address, and ZIP code

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8

PLYMOUTH MEETING, PA 19462

b	Emplo	yer's FED ID number 13-2762488	а	a Employee's SSA number XXX-XX-1706				
1	Wages, tips, other comp.			2 Federal income tax withheld				
		71395.17					8484.06	
3	Socia	security wages	4	S	ocia	al security	tax withheld	
		77630.69					4813.10	
5	Medic	are wages and tips	6	M	edic	care tax w	ithheld	
		77630.69					1125.65	
7	Social security tips			8 Allocated tips				
9						ndent care		
11	Nonqu	ualified plans	12	<b>a</b> S	ee in <b>C</b>	structions fo	19.20	
14	Other	36.19 PA SUI	12	_	D		6235.52	
'-	01		12	_	<u>w</u>		300.00	
1					DD		<u> 4689.96</u>	
			13	St	at er	np. Ret. plan	3rd party sick pay	
15	State	Employer's state ID no	16	S	tate	wages, tip	os, etc.	
	PA	9006 1813				5	59556.47	
17	17 State income tax			L	ocal	wages, tip	os, etc.	
		1828.40						
19	Local	income tax	20 Locality name					

1	Wages, tips, other o	omp. 95.17	2 Federal income tax withheld 8484.06		
3	Social security wag 776	es 30.69	4 Social security tax withheld 4813.10		
5	Medicare wages and 776	d tips 30.69	6 Medicare tax withheld 1125.65		
d 00	Control number 000072151 V72	Dept.	Corp. <b>305S</b>	Employer use only 8306	

Employer's name, address, and ZIP code SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089

b	Employer's FED ID number 13-2762488	a Employee's SSA number XXX-XX-1706				
7	Social security tips	8 Allocated tips				
9		10 Depe	ndent care benefits			
11	Nongualified plans	12a See instructions for box 12				
		С	19.20			
14	Other 36.19 PA SUI	<sup>12b</sup> D	6235.52			
		12c W	300.00			
		12d DD	4689.96			
			np. Ret. plan 3rd party sick pay			
- 14	Farming a second and december	TID	J_			

e/f Employee's name, address and ZIP code

POOJA GHATGE 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462

15	PA		yer's state 1813	e ID no.	59556.47
17	State	income	tax 1828		18 Local wages, tips, etc.
19	Local	incom	e tax		20 Locality name
		DΛ	State	Filing	d Copy

Wage and Tax Statement be filed with employee's State Income

19 Local income tax

City

625.49

Copy 2 to be filed with employee's City or Local Income

or Local

Wage and Tax

Statement

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information, file a new W-4 with your payroll department.

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462 Social Security Number: XXX-XX-1706

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71395.17

## **PAGE 02 OF 02**

8484.06

2 Federal income tax withheld

	ocial security was					
	776	4 Social security tax withheld 4813.10				
5 <b>M</b>	edicare wages an 776	6 Medicare tax withheld 1125.65				
d Co	ontrol number	Dept.	Corp.	Emplo	yer use only	
0000072151 V72			305S		8306	
c Er	nployer's name, a	ddress, ar	nd ZIP cod	e		
10	IEMENS INDU 000 DEERFIE UFFALO, IL	LD PKV				
	mployer's FED ID 13-27624	88	a Employee's SSA number XXX-XX-1706			
7 S	ocial security tips		8 Allocated tips			
9			10 Dependent care benefits			
11 N	onqualified plans		12a C		19.20	
14 0	Other 36.19 PAS		<sup>12b</sup> D		6235.52	
			12c W		300.00	
			12d DD		4689.96	
			13 Stat emp	Ret. plan	3rd party sick pay	
e/f Eı	mployee's name,	address ar	nd ZIP cod	ė		

20 Locality name

Reference

460402

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1	Wages, tips, other of 7139	omp. 95.17	2 Federal income tax withheld 8484.06				
3	Social security wag	les 30.69	4 Social security tax withheld 4813.10				
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00	0000072151 V72		305S	8306			
С	Employer's name, address, and ZIP code						
	SIEMENS INDUSTRY INC 1000 DEERFIELD PKWAY BUFFALO, IL 60089						

b	Employer's FED ID number 13-2762488	a Employee's SSA number XXX-XX-1706			
7	Social security tips	8 Allocated tips			
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11	Nonqualified plans	12a			
		C   19.20			
14	Other 36.19 PA SUI	<sup>12b</sup> D 6235.52			
		<sup>12c</sup> W 300.00			
		12d DD 4689.96			
		13 Stat emp. Ret. plan 3rd party sick pay			

e/f Employee's name, address and ZIP code

**POOJA GHATGE** 515 PLYMOUTH ROAD APT A-8 PLYMOUTH MEETING, PA 19462

15	State PA	Employ 9006		state ID no.	16	State		ps, etc. 59556.47
17 State income tax 1828.40				18 Local wages, tips, etc. <b>59556.47</b>				
19	Local	income		25.49	20	Local 460	ity name 1402	
		City	or	Local	Ei	ina	Conv	

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Incom

#### 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 vour 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).

**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 Box 12. The following list explains rite codes shown in Box 12. The 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. Peferrals under code H are limited to \$7,000. 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

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

 $\mbox{\bf P-}\mbox{\bf Excludable}$  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. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social 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.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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 imposed on you if this income is taxable and you fail to report it.

### **IMPORTANT NOTE:**

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



### **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 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.