opy B-To Be Filed With Employee's FEDERAL ax Return.		Tax Year 2022
		OMB No. 1545-0008
mployee's social security number XXX-XX-9200	1 Wages, tips, other comp. 5,481.29	2 Federal income tax withheld
mployer ID number	3 Social security wages	4 Social security tax withheld
87-2909830		
Control number	5 Medicare wages and tips	6 Medicare tax withheld
50122		
Social security tips Employer's name, address, and	8 Allocated tips	9
PRUDENTIAL TAX SE GROUP INSURANCE - P.O. BOX 70190 PHILADELPHIA, PA e. Employee's name, address, ar SHANTHAN MADAE 1857 EL PADRO DRIV LIVERMORE, CA 94:	PREMIUM ACCOUNTING 19176 and ZIP code DI VE	866-648-2225
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12
13 Statutory Employee	14 Other	12b
Retirement plan		12c
Third-party sick pay		12d
		12e
15 State/Employer's state ID	16 State wages, tips, etc.	12f 17 State income tax
200	l l l l l l l l l l l l l l l l l l l	
CA 801-0359-1 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	Tax Statement Department of the Union of the	ne Treasury - Internal Revenue Service.

	d With Employee's S	tate, City,	Tax Year 2022
or Local Income T			OMB No. 1545-0008
a. Employee's social security number XXX-XX-9200	g , p , p.	81.29 2 Federa	al income tax withheld
b . Employer ID number 87-2909830	3 Social security wages	4 Social	security tax withheld
d. Control number	5 Medicare wages and tips	6 Medica	re tax withheld
7 Social security tips	8 Allocated tips	9	
PRUDENTIAL TAX S GROUP INSURANCE P.O. BOX 70190 PHILADELPHIA, PA D. Employee's name, address, a SHANTHAN MADAI 1857 EL PADRO DRI' LIVERMORE, CA 94:	E - PREMIUM ACCOUNTII 19176 and ZIP code DI VE	NG	866-648-2225
O Dependent care benefits	11 Nonqualified plans	12a	
3 Statutory Employee	14 Other	12b	
Retirement plan		12c	
Third-party sick pay		12d	
5 State/Employer's state ID	16 State wages, tips, etc.	12f 17 State inco	ome tax
8 Local wages, tips, etc.	19 Local income tax	20 Locality n	ame
	1		

Copy C-For EMPLOYEE'S RECORDS. (see Notice Tax Year 2022				
to Employee on back of Copy B.)			OMB No. 1545-0008	
a. Employee's social security number XXX-XX-9200	1 Wages, tips, other comp. 5,481.29	2 Federa	l income tax withheld	
b. Employer ID number	3 Social security wages	4 Social	security tax withheld	
87-2909830				
d. Control number	5 Medicare wages and tips	6 Medicare tax withheld		
50122 7 Social security tips	8 Allocated tips	9		
7 Social security ups	a Allocated tips	9		
e. Employer's name, address, a PRUDENTIAL TAX S GROUP INSURANCE P.O. BOX 70190 PHILADELPHIA, PA e. Employee's name, address, a SHANTHAN MADAI 1857 EL PADRO DRIV LIVERMORE, CA 942	SERVICES LLC - PREMIUM ACCOUNTING 19176 and ZIP code DI VE		866-648-2225	
10 Dependent care benefits	11 Nonqualified plans	See instru	ctions for box 12	
Statutory Employee	14 Other	12b		
Retirement plan		12c		
Third-party sick pay		12d		
		12e		
State/Employer's state ID	16 State wages, tips, etc.	12f		
	To Gate Wages, ups, etc.	17 State in	come tax	
A 801-0359-1 Local wages, tips, etc.				
cocai wayes, tips, etc.	19 Local income tax	20 Locality	name	
W-2 Wassand Tour				

XXX-XX-9200	5.481.29	2 Federal income tax withheld
b. Employer ID number	3 Social security wages	4 Social security tax withheld
87-2909830		
d. Control number	5 Medicare wages and tips	6 Medicare tax withheld
50122		The state of the s
7 Social security tips	8 Allocated tips	9
c. Employer's name, address, ar PRUDENTIAL TAX S GROUP INSURANCE P.O. BOX 70190 PHILADELPHIA, PA e. Employee's name, address, ar SHANTHAN MADAL 1857 EL PADRO DRIV LIVERMORE, CA 945	ERVICES LLC - PREMIUM ACCOUNTING 19176 19176 DI //E	866-648-2225
10 Dependent care benefits	11 Nonqualified plans	12a
Statutory Employee		12b
Retirement plan	<u> </u>	12c
Third-party sick pay]	12d
		120
15 State/Employer's state ID		121
o date Employer's state ID	16 State wages, tips, etc.	17 State income tax
CA 801-0359-1		1
8 Local wages, tips, etc.	19 Local income tax	20 Locality name
orm W-2 Wage and 1	Tax Statement Department of t	he Treasury - Internal Revenue

Copy 2-To Be Filed With Employee's State, City,

or Local Income Tax Return.

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
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.

EXTE

Department of the Treasury - Internal Revenue Service

Tax Year 2022

OMB No. 1545-0008