Copy B — To Be Filed With Employee's FEDERAL Tax Return.		Form W-2 OMB No.		Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return			14/	Wage and Tax Statement 1545-00		
2022	1 Wages, tips, other		1545-0008 ax withheld	State, City, o	or Local Incom	1 Wages, tips, othe	r comp.	2 Federal in	676.37	7
a Employee's SSN	42744.7 3 Social security wa	4 4676.3	37	2022		42744.7 3 Social security wa	iges 4	4 Social security tax withheld 2779.12		
b Employer ID No. (EIN)	44824.5 5 Medicare wages	4 2779.1	2779.12		a Employee's SSN XXX-XX-4201			A Medicare tax withheld		
94-1687665	1687665 44824.54		6 Medicare tax withheld 649.96		b Employer ID No. (EIN) 5		4	649.96		
c Employer's name, address at BANK OF AMERICA, 100 NORTH TRYON S SUITE 170 CHARLOTTE, NC 282	NATIONAL ASSO STREET	CIATION		c Employer's BANK O 100 NOF	name, address and F AMERICA, RTH TRYON S	STREET	OCIATION			
d Control number				d Control num						
e—f Employee's name, add JASKANWAR SINGH 4907 NW 43 TH AVE TAMARAC, FL 33319				JASKAN	vee's name, addres NWAR SINGH N 43 TH AVE AC, FL 33319					
7 Social security tips 8 Allocated tips		9	9		7 Social security tips 8			12a code See instr. for box 12		
10 Dependent care benefits	11 Nonqualified pla		for box 12 79.80	10 Dependen	t care benefits	11 Nonqualified plan		D		9.80
13 Statutory employee Re	arty sick pay 12b code AA 44	0.79	13 Statutory e	imployee Retire	ement plan Third-pa	irty sick pay 1	AA	440	0.79	
14 Other	12c code	14 Other					12c code DD 8731.44 12d code			
15 State Employer's state ID r	s, tips, etc. 17 State income tax	17 State income tax		15 State Employer's state ID no.		s, tips, etc.	17 State income tax			
18 Local wages, tips, etc. 19 Local income tax		e tax 20 Locality name	20 Locality name		18 Local wages, tips, etc.		ne tax	20 Locality name		
This information is being turnish return, a negligence penalty or drail to report it.  Copy C — For EMPLOYEI Notice to Employee on the	E'S RECORDS (See	re Service. If you are required to file cosed on you if this income is taxable Form W-2 Wage and Tax Statement	OMB No. 1545-0008	Copy 2 — To State, City, o	o Be Filed With or Local Incom	e Tax Return	Wage a	orm W-2 nd Tax States 2 Federal i		OMB No. 1545-000
2022	1 Wages, tips, other 42744.7				022	1 Wages, tips, other 42744.	74	4	1676.3	7
a Employee's SSN XXX-XX-4201	3 Social security wa 44824.5	ges 4 Social security tax		XXX-XX-4201		3 Social security w	54	4 Social security tax withheld 2779.12 6 Medicare tax withheld		
b Employer ID No. (EIN) 94-1687665	5 Medicare wages a 44824.5		neld	b Employer ID No. (EIN) 5 Me 94-1687665 c Employer's name, address and ZIP co		The second secon	44824.54		649.96	
c Employer's name, address ar BANK OF AMERICA, I 100 NORTH TRYON S SUITE 170 CHARLOTTE, NC 2820	TREET	CIATION		BANK O 100 NOF SUITE 1 CHARLO	OF AMERICA, RTH TRYON (170 OTTE, NC 282	STREET	OCIATION			
Control number				d Control num		1700 4-				
—1 Employee's name, address JASKANWAR SINGH 4907 NW 43 TH AVE TAMARAC, FL 33319	s and ZIP code			JASKAN 4907 NV	ee's name, addres IWAR SINGH V 43 TH AVE AC, FL 33319	s and zir code				
7 Social security tips	8 Allocated tips	9		7 Social secur	rity tips	8 Allocated tips		•		
10 Dependent care benefits	11 Nonqualified plan	1_ 707	for box 12 9.80	10 Dependen	t care benefits	11 Nonqualified pla		DI	See instr. fo	for box 12 79.80
13 Statutory employee Retire	ement plan Third-par	12h code		13 Statutory e	employee Retir	rement plan Third-p	arty sick pay	AA	44	0.79
14 Other	12c code	12c code DD 8731.44		14 Other				12c code DD 8731.44 12d code		
15 State Employer's state ID no.	16 State wages,	t come tax		15 State Emp	ployer's state ID no	o. 16 State wage	es, tips, etc.	17 State i	ncome ta	×
18 Local wages, tips, etc.	19 Local income	tax 20 Locality name		18 Local wag	es, tips, etc.	19 Local inco	me tax	20 Locali	ty name	
	Departme	ent of the Treasury — Internal Reve	enue Service			Depart	ment of the T	reasury — In	ternal Re	venue Serv

This information is being furnished to the Internal Revenue Service.