## 2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax **Statement** Copy C for employee's records.

Control number Dept. Corp. Employer use only 0000008681 R8Q AUH5 ES 3975 c Employer's name, address, and ZIP code THE TRUSTEES OF THE STEVENS INSTITUTE OF TECH ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030 e/f Employee's name, address, and ZIP code DISHTI SONI **450 5TH STREET** APT 2C HOBOKEN, NJ 07030 Employer's FED ID number a Employee's SSA number XXX-XX-8729

2 Federal income tax withheld 22-1487354 Wages, tips, other comp. 750.00 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12b DI P.P. #SDJ7019 12c 15 State Employer's state ID no. 16 State wages, tips, etc. 221-487-354/000 N.I 750.00 17 State income tax 18 Local wages, tips, etc. 11.26

Wages, tips, other comp. 2 Federal income tax withheld 750.00 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 0000008681 R8Q AUH5 E S 3975 c Employer's name, address, and ZIP code THE TRUSTEES OF THE STEVENS

20 Locality name

INSTITUTE OF TECH
ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030

19 Local income tax

b Employer's FED ID number 22-1487354	a Employee's SSA number XXX-XX-8729		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
DI P.P. #SDJ7019	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address	and ZIP code		
DISHTI SONI			
450 5TH STREET			

APT 2C HOBOKEN, NJ 07030

15 State	Employer's state ID no. 221-487-354/000	16	State wages, tips, etc.
NJ	221-487-354/000		750.00
17 State	income tax	18	Local wages, tips, etc.
	11.26		
19 Local	income tax	20	Locality name

Federal Filing Copy Wage and Tax Statement to be filed with employee's Federal Income Tax Return

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.

> > Social Security Number: XXX-XX-8729

DISHTI SONI **450 5TH STREET** APT 2C HOBOKEN, NJ 07030

750.00

Dept.



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Wages, tips, other comp.

3 Social security wages

Control number

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5 Medicare wages and tips

PAGE 1 OF 1

2 Federal income tax withheld

4 Social security tax withheld

Employer use only

E S 3975

6 Medicare tax withheld

Corp.

AUH5

a Employee's SSA number XXX-XX-8729 8 Allocated tips 10 Dependent care benefits
XXX-XX-8729 8 Allocated tips
XXX-XX-8729 8 Allocated tips
·
10 Dependent care benefits
12a
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pa
and ZIP code
16 State wages, tips, etc. 750.00
18 Local wages, tips, etc.
20 Locality name

Wage and Tax

Statement

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

1 Wages, tips, other co		2 Federa	I income tax withheld
3 Social security wage	s	4 Social security tax withheld	
5 Medicare wages and	tips	6 Medica	are tax withheld
d Control number	Dept.	Corp.	Employer use only
0000008681 R8Q		AUH5	E S 3975

c Employer's name, address, and ZIP code THE TRUSTEES OF THE STEVENS INSTITUTE OF TECH
ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030

b Employer's FED ID number 22-1487354	a Employee's SSA number XXX-XX-8729
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other DI P.P. #SDJ7019	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address	and ZIP code

DISHTI SONI **450 5TH STREET** APT 2C HOBOKEN, NJ 07030

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15 State		16	State wages, tips, etc.
NJ	221-487-354/000		750.00
17 State	income tax	18	Local wages, tips, etc.
11.26			
19 Local	income tax	20	Locality name

City or Local Filing Cor Wage and Tax Statement

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