| Form W-2 Wage and Tax Statement | 2022 | | 7 Social security lips | | wages, lips, other comp | 182.35 | 2 Federal | income tax | 4115.54 |
|--|----------------------------------|--------|--|--------------|--|--------------------|--|----------------|-------------------------------------|
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social s | ecurity tax w | ithheld |
| MODIS, INC. 4800 DEERWOOD CAMPUS PKWY | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| BLDG 800 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See ii | nstructions | |
| JACKSONVILLE FL 32246-649 e Employee's name, address, and ZIP code | 98 | | 13 Statutory Retirement Third-p sick pa | party | 14 Other | | ∮ ₩ 12b | | 48.05 |
| SHIVA CHAMAKURA | | | | | | | | DD 774.65 | |
| 3337 WILLOW CRES #32 | | | b Employer identification number 65-000600 a Employee's social security num | , , | | | 12c | | |
| FAIRFAX VA 22030 | | | 056-29-3757 | | | | Core | | |
| 15 State Employer's state ID number VA 30-650000600F-001 | 16 State wages, tips, etc. 27482 | .35 | 17 State income tax 1429.63 | 18 Lo | cal wages, tips, etc. | 19 Local inc | come tax | 20 | Locality name |
| Copy B-To Be Filed With Employee's FEI | DERAL Tax Return | Т | his information is being furnished to | the Inte | ernal Revenue Service. OMB No. 1545-0008 | | Dept. | of the Tre | easury - IRS at www.irs.gov/efil |
| | | | | This inf | formation is being furnished to the ence penalty or other sanction may | Internal Revenue | Service. If you | u are required | to file a tax return, a |
| Form W-2 Wage and Tax Statement | 2022 | | 7 Social security tips | riegiige | 1 Wages, tips, other comp | | | income tax | |
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social s | ecurity tax w | ithheld |
| MODIS, INC. | - | | 9 | | 5 Medicare wages and tips | ; | 6 Medicar | e tax withhe | d |
| 4800 DEERWOOD CAMPUS PKWY BLDG 800 | | | 10.0 | | | | 12a See instructions for box 12 | | |
| JACKSONVILLE FL 32246-649 | 8 | | 10 Dependent care benefits | | 11 Nonqualified plans | | § W | nstructions | 48.05 |
| e Employee's name, address, and ZIP code | | | 13 Statutory Retirement Third-party sick pay | | 14 Other | | 12b 774.65 | | |
| SHIVA CHAMAKURA | | | b Employer identification number (EIN) | | | | 12c | | |
| 3337 WILLOW CRES | | | 65-0000600 | | _ | | 000 | | |
| #32 | | | a Employee's social security number $0.56 - 29 - 3.757$ | | | | 12d | | |
| FAIRFAX VA 22030 | T40 00-1 | | 47 000 50000 | 40.1- | | 40 1 15 | | | 1 19 |
| 15 State Employer's state ID number VA 30-650000600F-001 | 16 State wages, tips, etc. 27482 | 3.35 | 17 State income tax 1429.63 | 18 LO | cal wages, tips, etc. | 19 Local inc | ome lax | | Locality name |
| Copy C-For EMPLOYEE'S RECORDS (See | e Notice to Employe | e on t | the back of Copy B.) | OM | IB No. 1545-0008 | | | | easury - IRS |
| | | | | | | | visit the | IRS Website | at www.irs.gov/efil |
| Form W-2 Wage and Tax Statement | : 2022 [| | 7 Social security tips | | 1 Wages, tips, other comp | ensation 482.35 | | income tax | withheld 4115.54 |
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social s | ecurity tax w | |
| MODIS, INC. 4800 DEERWOOD CAMPUS PKWY | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| BLDG 800 | | | | | | | 10- | | |
| JACKSONVILLE FL 32246-649 | 8 | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a ♀ ₩ | | 48.05 |
| e Employee's name, address, and ZIP code | - | | 13 Statutory Retirement Third-p plan sick pa | oarty iy | 14 Other | | 12b DD | | 774.65 |
| SHIVA CHAMAKURA | | | b Employer identification number (EIN) | | - | | 12c / 774.03 | | |
| 3337 WILLOW CRES #32 | | | 65-000600 a Employee's social security number | | - | | 12d . | | |
| FAIRFAX VA 22030 | | | 056-29-3757 | iber | | | 12 0 | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | | 17 State income tax | 18 Lo | cal wages, tips, etc. | 19 Local inc | come tax | 20 | Locality name |
| VA 30-650000600F-001 | 27482 | .35 | 1429.63 | | | | | | |
| Copy 2-To Be Filed With Employee's Star | te, City, or Local In | come | Tax Return | OM | IB No. 1545-0008 | | Dept. | of the Tre | easury - IRS |
| | Г | | 7 Social security tips | | 1 Wages, tips, other comp | ensation | 2 Federal | income tax | withheld |
| Form W-2 Wage and Tax Statement 2022 c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 27482.35 3 Social security wages | | 4115.54 4 Social security tax withheld | | |
| MODIS, INC. | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| 4800 DEERWOOD CAMPUS PKWY BLDG 800 | | | | | , | | | | |
| JACKSONVILLE FL 32246-6498 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a W 48.05 | | |
| e Employee's name, address, and ZIP code | | | 13 Statutory Retirement Third-p sick pa | party | 14 Other | | .12b | | |
| SHIVA CHAMAKURA | | | b Employer identification number (EIN) | | | | DD 774.65 | | |
| 3337 WILLOW CRES | | | 65-0000600 | | | | 124 | | |
| #32 | | | a Employee's social security num 056-29-3757 | ıber | | | 12d | | |
| FAIRFAX VA 22030 15 State Employer's state ID number | 16 State wages time st- | | | 10.14 | cal wagos tina ata | 10 Localia | nomo tor | Loc | Locality name |
| 15 State Employer's state ID number VA 30-650000600F-001 | 16 State wages, tips, etc. 27482 | .35 | 17 State income tax 1429.63 | IR TO | cal wages, tips, etc. | 19 Local inc | one tax | | Locality name |
| Copy 2-To Be Filed With Employee's Star | te, City, or Local In | come | Tax Return | OM | IB No. 1545-0008 | | Dept. | of the Tre | easury - IRS |
| | | | | | | | - | | |