

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>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.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<table border="1"> <thead> <tr> <th></th> <th>Federal Box 1</th> <th>Soc. Sec. Box 3 & 7</th> <th>Medicare Box 5</th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td>72879.84</td> <td>72879.84</td> <td>72879.84</td> </tr> <tr> <td>Txbl Benefits</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Group Term Life</td> <td>21.12</td> <td>21.12</td> <td>21.12</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(2915.20)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(3344.59)</td> <td>(3344.59)</td> <td>(3344.59)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>66641.17</td> <td>69556.37</td> <td>69556.37</td> </tr> </tbody> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	72879.84	72879.84	72879.84	Txbl Benefits				Group Term Life	21.12	21.12	21.12	Adoption				Deferred Comp	(2915.20)			Section 125	(3344.59)	(3344.59)	(3344.59)	Other Pretax/Wage Limit				W-2 Wages	66641.17	69556.37	69556.37
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D. CONTROL NUMBER 000489781201	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 66641.17	2. FEDERAL INCOME TAX WITHHELD 7424.42																																					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 58-1960019	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 705-76-0817	3. SOCIAL SECURITY WAGES 69556.37	4. SOCIAL SECURITY TAX WITHHELD 4312.49																																						
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE AGCO Corporation 4205 River Green Parkway Duluth GA 30096		5. MEDICARE WAGES AND TIPS 69556.37	6. MEDICARE TAX WITHHELD 1008.57																																						
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F. EMPLOYEE'S ADDRESS AND ZIP CODE 2330 N Oliver Apartment 419 Wichita KS 67220 USA		14. OTHER	13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>																																						
15. STATE KS	EMPLOYER'S STATE ID NUMBER 036581960019F01	16. STATE WAGES, TIPS, ETC. 66641.17	17. STATE INCOME TAX 3148.00	18. LOCAL WAGES, TIPS, ETC.																																					
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