| | | | | | | | | Federal Box 1 | Soc. Sec. | Box 3 & 7 | Medicare Box 5 | |
|---|--------------------|----------------|------------|-----------|--------------------|------------------------|-------------------|------------------------------------|---------------------------------|-----------|--------------------|--|
| to the right is an explanation of your W 2 magest | | | | | | | es ts | 72879 | .84 7 | 2879.84 | 72879.84 | |
| This information is being furnished to the Internal Revenue Service. If you are | | | | | | Group Term Adoption | Life | 21.12 | | 21.12 | 21.12 | |
| imposed on you | ir this income is | taxable and yo | ou rail to | report ii | τ. | Deferred Co | omp | (2915. | 20) | | | |
| | and Tax Stateme | | | | | Section 125 | 5 | (3344. | 59) (3 | 344.59) | (3344.59) | |
| Copy C—For EM | PLOYEE'S RECOR | DS | | | | Other Preta | x/Wage Limit | | | | | |
| | | | | | | W-2 Wages | | 66641 | .17 6 | 9556.37 | 69556.37 | |
| D. CONTROL NUMBER | | | | ON AD A | NO. 1545-0008 | 1. WAGES, T | PS, OTHER COMPENS | ATION | 2. FEDERAL INC | OME TAX | WITHHELD | |
| 000489781201 | | | 2022 | | | 66641.17 | | | 7424.42 | | | |
| B. EMPLOYER IDENTIFIC | ATION NUMBER (EIN) | A. EMPLOYEE'S | SOCIAL SEC | URITY NUI | MBER | 3. SOCIAL SE | CURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | | |
| 58-1960019 | | 705-76-0817 | | | | | 6955 | 6.37 | 4312.49 | | | |
| C. EMPLOYER'S NAME, | ADDRESS, AND ZIP C | ODE | | | | 5. MEDICARE | WAGES AND TIPS | | 6. MEDICARE T | AX WITH | | |
| AGCO Corporation | | | | | | | 6955 | 6.37 | | | 1008.57 | |
| 4205 River Green Pa Duluth GA 30096 | rkway | | | | | 7. SOCIAL SEC | CURITY TIPS | | 8. ALLOCATED TIPS | | | |
| | | | | | | 9. | | | 10. DEPENDENT CARE BENEFITS | | | |
| E. EMPLOYEE'S FIRST NA | ME AND INITIAL | LAST NA | ME | | SUFF. | 11. NONQUAL | IFIED PLANS | 12.a-d See instructions for box 12 | | | | |
| Guruvignesh | | Lakshr | ni Balasu | ıbramani | am | | | | C | | 21.12 | |
| 2330 N Oliver | | | | | | 14. OTHER | | | D W | | 2915.20 2604.09 | |
| Apartment 419 Wichita KS 67220 | | | | | | | | | DD | | 5301.36 | |
| WICHITA KS 6/220 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | | | 13. STATUTORY EMPLOYEE | RETIREN PLAN | | | |
| | 'S STATE ID NUMBER | 16. STATE WAGE | | | L7. STATE INCOME T | | 18. LOCAL WAGES, | TIPS, ETC. 19 | D. LOCAL INCOME | TAX 2 | 0. LOCALITY NAME | |
| KS 0365819 | 60019F01 | | 66641 | .17 | | 3148.00 | | | | | | |

| D. CONTROL NU 00048978120 | | 2 | ₂₀₂₂ ON | IB NO. | 1545-0008 | 1. WAGES, TI | PS, OTHER COMPE 66 | NSATION 641.17 | | 2. FEDERAL INCOME TA | X WITHHELD 7424.42 | | |
|--|---------------------------|------------------|--------------------|--------|---|--------------------------------|--|-------------------|----------|--------------------------|-----------------------|-----|--|
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | | | | | | 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD | | | XX WITHHELD | | | |
| 58-1960019 705-76-0817 | | | | | 69556.37 4312.49 | | | 4312.49 | | | | | |
| C. EMPLOYER'S | NAME, ADDRESS, AND ZIP C | ODE | | | | 5. MEDICARE | WAGES AND TIPS | S | | 6. MEDICARE TAX WITHHELD | | | |
| AGCO Corpor | ation | | | | | 69556.37 1008.57 | | | | | | | |
| 4205 River Green Parkway Duluth GA 30096 | | | | | 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS | | | | | | | | |
| | | | | | | 9. 10. DEPENDENT CARE BENEFITS | | | BENEFITS | | | | |
| E. EMPLOYEE'S | FIRST NAME AND INITIAL | LAST NAME | E | | SUFF. | 11. NONQUAL | IFIED PLANS | | | 12.a-d | | | |
| Guruvignesh | | Lakshmi | Balasubran | naniam | | C | | | | 21. | | | |
| 2330 N Olive | | | | | | 14. OTHER D | | | | 2915. | | | |
| Apartment 41 | | | | | | 2.1.01.1.2.1 | | | | W | 2604. | .09 | |
| Wichita KS 67220 | | | | | | DD 5 | | | 5301. | .36 | | | |
| USA F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | | | | | | | | |
| 15. STATE EN | MPLOYER'S STATE ID NUMBER | 16. STATE WAGES, | TIPS, ETC. | 17. 5 | TATE INCOME T | AX | 18. LOCAL WAGE | S, TIPS, ETC. | 19. | LOCAL INCOME TAX | 20. LOCALITY NAME | | |
| KS 0: | 36581960019F01 | | 66641.17 | | | 3148.00 | | | | | | | |

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

| D. CONTROL NUMBER 000489781201 | 2022 | OMB NO. 1545 | 5-0008 | 1. WAGES, TI | PS, OTHER COMPENSATION 66641.17 | 2. FEDERAL INCOME T | AX WITHHELD 7424.42 | |
|---|--------------------------|--------------|--|---|---|------------------------|------------------------|--|
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) | A. EMPLOYEE'S SOCIAL SEC | URITY NUMBER | 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD | | | 'AX WITHHELD | | |
| 58-1960019 705-76-0817 | | | | | 69556.37 4312.49 | | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP O | ODE | | | 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD | | | | |
| AGCO Corporation | | | | 69556.37 1008.57 | | | | |
| 4205 River Green Parkway Duluth GA 30096 | | | | | 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS | | | |
| | | | 9. 10. DEPENDENT CARE BENEFITS | | | BENEFITS | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | LAST NAME | | SUFF. | 11. NONQUAL | 11. NONQUALIFIED PLANS 12.a-d | | | |
| Guruvignesh | Lakshmi Balasu | ıbramaniam | | | | С | 21.12 | |
| 2330 N Oliver | | | | | | D | 2915.20 | |
| Apartment 419 | | | | | | W | 2604.09 | |
| Wichita KS 67220 | | | | | | DD | 5301.36 | |
| USA F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | 13. STATUTORY RET | N THIRD-PARTY SICK PAY | | |
| 15. STATE EMPLOYER'S STATE ID NUMBER | | | NCOME T | | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| KS 036581960019F01 | 66641 | 17 | | 3148.00 | | | | |

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

| - | | | | | | | | |
|--|------------------------|--------------|--------------------|---|---|---------------------------------|-------------------------------|--|
| D. CONTROL NUMBER | | 0140 | NO 4545 0000 | 1. WAGES, TI | PS, OTHER COMPENSATION | 2. FEDERAL INCOME TA | AX WITHHELD | |
| 000489781201 | 20 | | 3 NO. 1545-0008 | | 66641.17 | 7424.42 | | |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN | A. EMPLOYEE'S SOCIAL | L SECURITY N | IUMBER | 3. SOCIAL SE | CURITY WAGES | 4. SOCIAL SECURITY TAX WITHHELD | | |
| 58-1960019 | 705-76-0817 | | | 69556.37 4312.49 | | | 4312.49 | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP | CODE | | | 5. MEDICARE | WAGES AND TIPS | 6. MEDICARE TAX WITHHELD | | |
| AGCO Corporation | | | | | 69556.37 | | 1008.57 | |
| 4205 River Green Parkway | | | | 7. SOCIAL SEC | 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS | | | |
| Duluth GA 30096 | | | | | | | | |
| | | | | | 9. 10. DEPENDENT CARE BENEFITS | | | |
| | | | | | | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | LAST NAME | | SUFF. | 11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 | | | r box 12 | |
| Guruvignesh | Lakshmi Ba | alasubrama | niam | | | С | 21.12 | |
| 2330 N Oliver | | | | 14. OTHER | | D | 2915.20 | |
| Apartment 419 | | | | | | W | 2604.09 | |
| Wichita KS 67220 | | | | DD | | | 5301.36 | |
| USA F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | 13. STATUTORY RETI | REMENT X THIRD-PARTY SICK PAY | |
| 15. STATE EMPLOYER'S STATE ID NUMBE | R 16. STATE WAGES, TIP | PS, ETC. | 17. STATE INCOME 1 | AX | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| KS 036581960019F01 | 66 | 5641.17 | | 3148.00 | | | | |