# 2022 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Employer use only NCT3/KXG 000100

Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XIX I NC SYNAPSIS INC. 10200 SUNSET DRIVE MIAMI FL 33173

Batch #06011

e/f Employee's name, address, and ZIP code

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H

**INDIANAPOLIS IN 46227** Employer's FED ID number a Employee's SSA numbe 65-0121767 XXX-XX-0832 Wages, tips, other comp Federal income tax withheld 70283.63 10202.68 Social security wages Social security tax withheld 70283.63 4357.59 Medicare wages and tips 6 Medicare tax withheld 70283.63 1019.11 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 DD 3599.92 14 Other 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. 0144159929 001 70283.63 17 State income tax 2270.14 70283.63 20 Locality name C-41 19 Local income tax 879.98

Wages, tips, other comp 70283.63 10202.68 Social security wages 70283.63 Social security tax withheld 4357.59 Medicare wages and tips 70283.63 Medicare tax withheld 1019.11 Control number Employer use only 000396 NCT3/KXG 000100 Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XIX I NC SYNAPSIS INC. 10200 SUNSET DRIVE MIAMI FL 33173

b	Employer's FED ID number 65-0121767			A number <b>X-0832</b>			
7	Social security tips	8 Allocated tips					
9		10 Depende	ent care	benefits			
11	Nonqualified plans	12a See ins DD	structio	ns for box 12 3599.92			
14	Other	12b					
		12c					
		12d					
		13 Stat emp. F	Ret. plan	3rd party sick pay			
e/f	elf Employee's name, address and ZIP code						

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H

**INDIANAPOLIS IN 46227** 

15 State	Employer's state ID no. 0144159929 001	16 State wages, tips, etc. <b>70283.63</b>			
17 State	income tax 2270.14	18 Local wages, tips, etc. <b>70283.63</b>			
19 Local income tax 879.98		20 Locality name C-41			
Fodoral Filing Conv					

Wage and

Statement Copy B to be filed with employee's Federal Income **NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H **INDIANAPOLIS IN 46227** 

IN 0144159929 001	70283.63
17 State income tax	18 Local wages, tips, etc.
2270.14	70283.63
19 Local income tax	20 Locality name
879.98	C-41
IN State Refe	rence Conv

Wage and Tax Statement

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	72,600.00	72,600.00	72,600.00	72,600.00
Less Other Cafe 125	2,316.37	2,316.37	2,316.37	2,316.37
Reported W-2 Wages	70,283.63	70,283.63	70,283.63	70,283.63

2. Employee Name and Address.

**NEERAJA ADURU** 8533 BISON LAKE APT # H DRIVE **INDIANAPOLIS** IN 46227

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1	Wages, tips, other comp. 70283.63		2 Federal income tax withheld 10202.68			Wag	es, tips, other 702	comp. 283.63
3	Social security wages 70283.63		I security	tax withheld 4357.59	3	Soci	al security wad 702	ges 283.63
5	Medicare wages and tips 70283.63		are tax w	ithheld 1019.11	5	Med	icare wages ar 702	nd tips 283.63
d	Control number Dep	t. Corp.	Emplo	yer use only	d	Con	rol number	Dep
00	0396 NCT3/KXG 00010	0	Α	7	00	0396	NCT3/KXG	000100
С	Employer's name, address	, and ZIP co	de		С	Emp	loyer's name,	address
NC SYNAPSIS INC. 10200 SUNSET DRIVE MIAMI FL 33173  b Employer's FED ID number   a Employee's SSA number				b		NC SYNAPSI 10200 SU MIAMI FL	JNSE 331	
L	65-0121767		XXX-XX-0832				65-012170	
7	Social security tips	8 Alloc	ated tips		7	Soci	al security tips	5
9		10 Depe	ndent car	e benefits	9			
11	Nonqualified plans	12a DD		3599.92	11	Non	qualified plans	
14	Other	12b 12c 12d 13 Stat en	np. Ret. plar	3rd party sick pa		Othe	er	
e/f	Employee's name, addres	s and ZIP co	de	•	e/t	Emp	loyee's name,	address

	702		10	202.68	
3	Social security wag 702	4 Social	security tax 4	withheld 357.59	
5	Medicare wages an 702	6 Medica	re tax withh	eld <b>019.11</b>	
d	Control number Dept.		Corp.	Employer	use only
00	0396 NCT3/KXG	000100		Α	7
С	Employer's name, a	ddress, ar	nd ZIP cod	е	
	ADP TOT NC SYNAPSIS 10200 SU MIAMI FL	S INC. NSET	DRIVE	LAIAI	
b	Employer's FED ID 65-012176			/ee's SSA nu	
7	Social security tips		8 Allocat	ed tips	
9			10 Depend	dent care ber	nefits

12a DD

12b

12c 12d 13 Stat emp 3599.92

Ret. plan 3rd party sick pa

e/f Employee's name, address and ZIP code

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H **INDIANAPOLIS IN 46227** 

IN 0144159929 001	70283.63
17 State income tax	18 Local wages, tips, etc.
2270.14	70283.63
19 Local income tax	20 Locality name
879.98	Č-41
IN State Filing	d Conv

Wage and Statement Copy 2 to be filed with employee's State Income Tax

City or Local Reference Сору Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return d Control number Dept. Corp. Employer Employer use only 000396 NCT3/KXG 000100

c Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XIX I NC SYNAPSIS INC. 10200 SUNSET DRIVE MIAMI FL 33173

Batch #06011

e/f Employee's name, address, and ZIP code

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H INDIANAPOLIS IN 46227

II)			.IO IIV 40						
b	Emplo	yer's FED 65-012	ID number 1767	а	Emp			A number (-0832	
1	Wage	s, tips, oth	er comp.	2	Fede	ral	income	tax withhe	eld
		7	70283.63					10202.6	88
3	Socia	security	wages	4	Socia	al s	security	tax withhe	ld
		7	70283.63					4357.5	59
5	Medic	are wages	and tips	6	Medi	ca	re tax wi	thheld	
		7	0283.63					1019.1	1
7	Social	security t	ips	8	Alloc	ate	ed tips		
9				10	Depe	nd	ent care	benefits	
11	Nonqu	alified pla	ns	12	a See ir DD		uctions fo	r box 12 <b>3599.92</b>	<u> </u>
14	Other			12					
•	•			12		<u> </u>			
				12		<u> </u>	B	la	
				13	Stat e	mp.	Ket. plan	3rd party sid	к рау
			's state ID no 9929 001	. 16	State	W	ages, tip	s, etc.	
17	State	ncome tax	(	18	Loca	l w	ages, tip	s, etc. 70283.6	33
19	Local	income ta		20	Loca		name	·	
			879.98	1			C-41		

1 Wages, tips, other comp. <b>70283.63</b>			2	Federa	al income tax withheld 10202.68
3 Social security wages 70283.63			4	Social	security tax withheld 4357.59
5 Medicare wages and tips 70283.63			6	Medica	are tax withheld 1019.11
d	Control number	Dept.		Corp.	Employer use only
00	0396 NCT3/KXG	000100			A 8

c Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XIX I NC SYNAPSIS INC. 10200 SUNSET DRIVE MIAMI FL 33173

b	Employer's FED ID number 65-0121767	a Employee's SSA number XXX-XX-0832				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 DD 3599.92				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	elf Employee's name, address and ZIP code					

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H **INDIANAPOLIS IN 46227** 

15 State	Employer's state ID no. 0144159929 001	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc. 70283.63
19 Local	income tax <b>879.98</b>	20 Locality name C-41
	City or Local	Filing Copy
W-	Z Statomo	nd Tax 2022 nt OMB No. 1545-0008 or Local Income Tax Return.
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This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Local Wages, Tips, Etc. Box 18 of W-2 72,600.00 2,316.37 70,283.63

Gross Pay Less Other Cafe 125 Reported W-2 Wages

2. Employee Name and Address.

**NEERAJA ADURU** 8533 BISON LAKE DRIVE APT # H **INDIANAPOLIS IN 46227** 

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### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of vour tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You Box 12. The following list explains rite codes shown in Box 12. The may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Peferrals under code H are limited to \$7,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

 $\mbox{\bf P-}\mbox{\bf Excludable}$  moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA - Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### **IMPORTANT NOTE:**

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



### **Notice to Employee**

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.