

NY. State Reference Copy  
**W-2** Wage and Tax **2022**  
 Statement  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

d Control number 0000016189 V48	Dept.	Corp. CVP5	Employer use only S 14549
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c Employer's name, address, and ZIP code  
 BANK OF NEW YORK MELLON  
 500 GRANT STREET ROOM 3022  
 PITTSBURGH, PA 15258-0001

e/f Employee's name, address, and ZIP code  
 ARAVIND PADMANABHAN  
 282 SAINT PAULS AVE  
 1  
 JERSEY CITY, NJ 07306

b Employer's FED ID number 13-5160382	a Employee's SSA number XXX-XX-6335
1 Wages, tips, other comp. 74064.69	2 Federal income tax withheld 10765.66
3 Social security wages 78497.97	4 Social security tax withheld 4866.87
5 Medicare wages and tips 78497.97	6 Medicare tax withheld 1138.22
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   24.30
14 Other	12b D   4433.28
	12c W   150.00
	12d DD   4667.94
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. NY 135160382 3	16 State wages, tips, etc. 74064.69
17 State income tax 3891.02	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

ARAVIND PADMANABHAN  
 282 SAINT PAULS AVE  
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Social Security Number: XXX-XX-6335

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