

Void <input type="checkbox"/>		a Employee's social security number 670-75-5567		OMB No. 1545-0008							
b Employer identification number (EIN) 87-4634369			1 Wages, tips, other compensation 6156.00		2 Federal income tax withheld 445.00						
c Employer's name, address, and ZIP code METIZ TECHNOLOGIES LLC 9501 TARTAN RIDGE CT DUBLIN OH 43017-8929			3 Social security wages		4 Social security tax withheld						
			5 Medicare wages and tips		6 Medicare tax withheld						
			7 Social security tips		8 Allocated tips						
d Control number			9		10 Dependent care benefits						
e Employee's name, address, and ZIP code KARTHIKA LAVU APT-203, 3745 CAPETIAN CT, THE FAIRBORN OH 45324			11 Nonqualified plans		12a See instructions for box 12 e e e e e e e e						
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b e e e e e e e e						
			14 Other		12c e e e e e e e e						
					12d e e e e e e e e						
15 State Employer's state ID number OH 54205814		16 State wages, tips, etc. 6156.00		17 State income tax 135.56		18 Local wages, tips, etc.		19 Local income tax 0.00		20 Locality name OH - Sc	

Form **W-2** Wage and Tax Statement
Copy D — For Employer

REV 01/17/23 QBDT

2022

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		Copy D — For Employer OMB No. 1545-0008							
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld						
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld						
			5 Medicare wages and tips		6 Medicare tax withheld						
			7 Social security tips		8 Allocated tips						
d Control number			9		10 Dependent care benefits						
e Employee's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12 e e e e e e e e						
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b e e e e e e e e						
			14 Other		12c e e e e e e e e						
					12d e e e e e e e e						
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D — For Employer

REV 01/17/23 QBDT

2022

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.