

<b>b</b> Employer identification number (EIN) <b>c</b> Employer's name, address, and ZIP code		94-1648752 ROBERT HALF INTERNATIONAL INC A ROBERT HALF INTERNATIONAL COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		<b>12a</b> See instructions for Box 12		<b>1</b> Wages, tips, other compensation 12000.38		<b>2</b> Federal income tax withheld 551.77			
<b>e/f</b> Employee's name, address, and ZIP code		VISHNU PRIYA RATHAKUNDALA APT 204 4530 MARSHALL RUN CIR GLEN ALLEN, VA 23059-5868		<b>12b</b>		<b>3</b> Social security wages 12000.38		<b>4</b> Social security tax withheld 744.02			
				<b>12c</b>		<b>5</b> Medicare wages and tips 12000.38		<b>6</b> Medicare tax withheld 174.01			
				<b>12d</b>		<b>7</b> Social security tips		<b>8</b> Allocated tips			
				<b>12e</b>		<b>9</b>		<b>10</b> Dependent care benefits			
				This information is being furnished to the Internal Revenue Service		<b>11</b> Nonqualified plans		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				Copy B—To Be Filed With Employee's FEDERAL Tax Return		<b>14</b> Other					
				<b>a</b> Employee's social security number 048-87-4894							
<b>15</b> State		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
VA		30941648752F001 12000.38									
Form <b>W-2 Wage and Tax Statement 2022</b>		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy B—To Be Filed With Employee's FEDERAL Tax Return					

<b>b</b> Employer identification number (EIN) <b>c</b> Employer's name, address, and ZIP code		94-1648752 ROBERT HALF INTERNATIONAL INC A ROBERT HALF INTERNATIONAL COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		<b>12a</b>		<b>1</b> Wages, tips, other compensation 12000.38		<b>2</b> Federal income tax withheld 551.77			
<b>e/f</b> Employee's name, address, and ZIP code		VISHNU PRIYA RATHAKUNDALA APT 204 4530 MARSHALL RUN CIR GLEN ALLEN, VA 23059-5868		<b>12b</b>		<b>3</b> Social security wages 12000.38		<b>4</b> Social security tax withheld 744.02			
				<b>12c</b>		<b>5</b> Medicare wages and tips 12000.38		<b>6</b> Medicare tax withheld 174.01			
				<b>12d</b>		<b>7</b> Social security tips		<b>8</b> Allocated tips			
				<b>12e</b>		<b>9</b>		<b>10</b> Dependent care benefits			
				This information is being furnished to the Internal Revenue Service		<b>11</b> Nonqualified plans		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		<b>14</b> Other					
				<b>a</b> Employee's social security number 048-87-4894							
<b>15</b> State		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
VA		30941648752F001 12000.38									
Form <b>W-2 Wage and Tax Statement 2022</b>		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return					

<b>b</b> Employer identification number (EIN) <b>c</b> Employer's name, address, and ZIP code		94-1648752 ROBERT HALF INTERNATIONAL INC A ROBERT HALF INTERNATIONAL COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		<b>12a</b>		<b>1</b> Wages, tips, other compensation 12000.38		<b>2</b> Federal income tax withheld 551.77			
<b>e/f</b> Employee's name, address, and ZIP code		VISHNU PRIYA RATHAKUNDALA APT 204 4530 MARSHALL RUN CIR GLEN ALLEN, VA 23059-5868		<b>12b</b>		<b>3</b> Social security wages 12000.38		<b>4</b> Social security tax withheld 744.02			
				<b>12c</b>		<b>5</b> Medicare wages and tips 12000.38		<b>6</b> Medicare tax withheld 174.01			
				<b>12d</b>		<b>7</b> Social security tips		<b>8</b> Allocated tips			
				<b>12e</b>		<b>9</b>		<b>10</b> Dependent care benefits			
				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.		<b>11</b> Nonqualified plans		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		<b>14</b> Other					
				<b>a</b> Employee's social security number 048-87-4894							
<b>15</b> State		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
VA		30941648752F001 12000.38									
Form <b>W-2 Wage and Tax Statement 2022</b>		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return					

<b>b</b> Employer identification number (EIN) <b>c</b> Employer's name, address, and ZIP code		94-1648752 ROBERT HALF INTERNATIONAL INC A ROBERT HALF INTERNATIONAL COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		<b>12a</b> See instructions for Box 12		<b>1</b> Wages, tips, other compensation 12000.38		<b>2</b> Federal income tax withheld 551.77			
<b>e/f</b> Employee's name, address, and ZIP code		VISHNU PRIYA RATHAKUNDALA APT 204 4530 MARSHALL RUN CIR GLEN ALLEN, VA 23059-5868		<b>12b</b>		<b>3</b> Social security wages 12000.38		<b>4</b> Social security tax withheld 744.02			
				<b>12c</b>		<b>5</b> Medicare wages and tips 12000.38		<b>6</b> Medicare tax withheld 174.01			
				<b>12d</b>		<b>7</b> Social security tips		<b>8</b> Allocated tips			
				<b>12e</b>		<b>9</b>		<b>10</b> Dependent care benefits			
				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.		<b>11</b> Nonqualified plans		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
				Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back)		<b>14</b> Other					
				<b>a</b> Employee's social security number 048-87-4894							
<b>15</b> State		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	
VA		30941648752F001 12000.38									
Form <b>W-2 Wage and Tax Statement 2022</b>		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back)					