

Copy C--For EMPLOYEE'S RECORDS
(See Notice to Employee)

W-2

Wage and Tax
Statement

2022

OMB No. 1545-0008

a. Employee's soc. sec. no. XXX-XX-1300	1. Wages, tips, other comp 104701.92	2. Fed. income tax withheld 16420.52
b. Employer ID number (EIN) 20-1173875	3. Social security wages 76421.07	4. Soc. sec. tax withheld 4738.11
d. Control number CN69957-500098	5. Medicare wages and tips 76421.07	6. Medicare tax withheld 1108.11

c. Employer's name, address, and ZIP code
SugarCRM Inc
548 Market St PMB 59423
San Francisco, CA 94104-5401

e. Employee's name, address, and ZIP code

Piyush Mishra
1037 Bungalow Park Drive
Apex, NC 27502

7. Social security tips	8. Allocated tips	9.
10. Dependent care benefits	11. Nonqualified plans	12a. Code C 118.80
13. Statutory employee	14. Other	12b. Code W 750.00
Retirement plan Y		12c. Code DD 2934.16
Third-party sick pay		12d. Code D 3213.12

15. State NC	Employer's state ID no. 600528916	16. State wages, tips, etc. 104701.92	17. State income tax 4680.00
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18. Local wages, tips, etc..	19. Local income tax	20. Locality name
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Employer-Provided Health Insurance Offer and Coverage

> Do not attach to your tax return. Keep for your records.
> Go to www.irs.gov/Form1095C for instructions and the latest information

VOID
 CORRECTED

OMB No. 1545-2251 600120
2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Piyush Mishra		2 Social security number (SSN) XXX-XX-1300	7 Name of employer SugarCRM Inc	8 Employer identification number (EIN) 20-1173875
3 Street address (including apartment no.) 1037 Bungalow Park Drive			9 Street address (including room or suite no.) 548 Market St PMB 59423	10 Contact telephone number 877-842-7276
4 City or town Apex	5 State or province NC	6 Country and ZIP or foreign postal code US 27502	11 City or town San Francisco	12 State or province CA
			13 Country and ZIP or foreign postal code US 94104-5401	

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (Enter 2-digit number): **01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 Piyush Mishra	XXX-XX-1300		X													
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PNCBANK, NATIONAL ASSOCIATION

PO BOX 535230
PITTSBURGH, PA 15253-5230

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For Inquiries Please Call
1-888-762-1099

E.I.N. 22-1146430



000265590
MSP 289
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PIYUSH MISHRA
800 FINSBURY ST APT 6306
DURHAM NC 27703-7635

Calendar Year
2022

Taxpayer ID
000000000

THIS STATEMENT IS A FORM 1098 OMB NO. 1545-0901, OR A FORM 1098-E OMB NO. 1545-1576,
OR 1099-A OMB NO. 1545-0877 OR 1099-B OMB NO. 1545-0715 OR 1099-C OMB NO. 1545-1424,
OR 1099-DIV OMB NO. 1545-0110 OR 1099-INT OMB NO. 1545-0112 OR 1099-MISC OMB NO. 1545-0115
OR 1099-OID OMB NO. 1545-0117 U.S. INFORMATION RETURN

2022 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	BOX 1 INTEREST
STANDARD SVG	0040 538-6481451	4.82
BOX 1	INTEREST INCOME	4.82
BOX 4	FEDERAL INCOME TAX WITHHELD	1.11
TOTAL INTEREST		4.82

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THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

* FORM 1098 CAUTION: THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU. LIMITS BASED ON THE LOAN AMOUNT AND THE COST AND VALUE OF THE SECURED PROPERTY MAY APPLY. ALSO, YOU MAY ONLY DEDUCT INTEREST TO THE EXTENT IT WAS INCURRED BY YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY ANOTHER PERSON.

* FORM 1099-OID: THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN.

PLEASE REFER TO THE INSTRUCTIONS ON THE BACK OF THIS STATEMENT.

COPY B FOR PAYER, RECIPIENT, BORROWER, OR DEBTOR

