

1 Wages, tips, other comp. 57810.18		2 Federal income tax withheld 5494.60	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
d Control number 0000057230 WYE	Dept. Y865	Corp. Y865	Employer use only 24162
c Employer's name, address, and ZIP code JONES LANG LASALLE AMERICAS INC 200 EAST RANDOLPH CHICAGO, IL 60601			
b Employer's FED ID number 36-4160760	a Employee's SSA number XXX-XX-9833		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 52.14		
14 Other	12b D 2851.74		
	12c W 600.00		
	12d DD 7871.25		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code HARICHANDANA MANUKONDA 12905 FIRTH CT APT H12 TAMPA, FL 33612			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 57810.18		2 Federal income tax withheld 5494.60	
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17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

1 Wages, tips, other comp. 57810.18		2 Federal income tax withheld 5494.60	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
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c Employer's name, address, and ZIP code JONES LANG LASALLE AMERICAS INC 200 EAST RANDOLPH CHICAGO, IL 60601			
b Employer's FED ID number 36-4160760	a Employee's SSA number XXX-XX-9833		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 52.14		
14 Other	12b D 2851.74		
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e/f Employee's name, address and ZIP code HARICHANDANA MANUKONDA 12905 FIRTH CT APT H12 TAMPA, FL 33612			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

City or Local Filing Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629	1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$ 0	OMB No. 1545-1518 2022
	2 Total contributions made in 2022 \$ 600.00	Form 5498-SA

**HSA, Archer MSA,
or Medicare
Advantage MSA
Information**

TRUSTEE'S federal identification number 470858534	PARTICIPANT'S social security number *****9833	3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$ 0.00
PARTICIPANT'S name HARICHANDANA MANUKONDA		4 Rollover contributions \$ 0.00
Street address (including apt. no.) 12905 FIRTH CT APT H12		5 Fair market value of HSA, Archer MSA, or MA MSA \$ 344.43
City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33612-0000		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>
Account number (see instructions) 419800410		

Copy B

**For
Participant**

This information
is being furnished
to the Internal
Revenue Service.

Form **5498-SA**

(keep for your records)

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service

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

GMB No. 1545-2251 600120
2022

Part I Employee			2 Social security number (SSN) ***-**-9833			Applicable Large Employer Member (Employer)			8 Employer identification number (EIN) 36-4160760					
1 Name of employee (first name, middle initial, last name) HARICHANDANA MANUKONDA						7 Name of employer JONES LANG LASALLE AMERICAS, INC.								
3 Street address (including apartment no.) 12905 FIRTH CT APT H12						9 Street address (including room or suite no.) 200 E. RANDOLPH DRIVE						10 Contact telephone number 312-782-5800		
4 City or town TAMPA		5 State or province FL		6 Country and ZIP or foreign postal code 33612		11 City or town CHICAGO		12 State or province IL		13 Country and ZIP or foreign postal code 60601-6436				

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01	
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)			1E	1E	1E	1E	1E	1E	1E	1E	1A	1A	1A	1A	
15 Employee Required Contribution (see instructions)		\$	\$ 218.21	\$ 218.21	\$ 218.21	\$ 218.21	\$ 218.21	\$ 218.21	\$ 218.21	\$ 218.21	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code															