

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>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.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<p>Federal Box 1 Soc. Sec. Box 3 & 7 Medicare Box 5</p>			
				Gross Wages	71307.70	71307.70	71307.70
				Txbl Benefits			
				Group Term Life	24.90	24.90	24.90
				Adoption			
				Deferred Comp	(4278.52)		
				Section 125	(1348.50)	(1348.50)	(1348.50)
				Other Pretax/Wage Limit			
				W-2 Wages	65705.58	69984.10	69984.10
D. CONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	65705.58	2. FEDERAL INCOME TAX WITHHELD	
000801633701						9739.37	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	69984.10	4. SOCIAL SECURITY TAX WITHHELD	
39-1864073	XXX-XX-8387					4339.01	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	69984.10	6. MEDICARE TAX WITHHELD	
Centene Management Company LLC						1014.77	
7700 Forsyth Blvd				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
St. Louis MO 63105				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS	12.a-d See instructions for box 12		
Sindhujra					C 24.90		
LAST NAME					D 4278.52		
Ravula				14. OTHER	W 591.60		
12364 Spanish Trace Dr					DD 4693.50		
Apt H					13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>		
Maryland Heights MO 63043							
USA							
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.
MO	18602673	65705.58	2918.00	9854.06	98.54	20. LOCALITY NAME	
						StLouCityW/H	

<p>D. CONTROL NUMBER</p> <p>000801633701</p>				2022		OMB NO. 1545-0008	
<p>B. EMPLOYER IDENTIFICATION NUMBER (EIN)</p> <p>39-1864073</p>				<p>A. EMPLOYEE'S SOCIAL SECURITY NUMBER</p> <p>XXX-XX-8387</p>			
<p>C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE</p> <p>Centene Management Company LLC</p> <p>7700 Forsyth Blvd</p> <p>St. Louis MO 63105</p>				<p>5. MEDICARE WAGES AND TIPS</p> <p>69984.10</p>		<p>6. MEDICARE TAX WITHHELD</p> <p>1014.77</p>	
<p>E. EMPLOYEE'S FIRST NAME AND INITIAL</p> <p>Sindhujra</p>				<p>11. NONQUALIFIED PLANS</p>		<p>12.a-d See instructions for box 12</p> <p>C 24.90</p> <p>D 4278.52</p> <p>W 591.60</p> <p>DD 4693.50</p>	
<p>LAST NAME</p> <p>Ravula</p>				<p>14. OTHER</p>		<p>13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/></p>	
<p>12364 Spanish Trace Dr</p> <p>Apt H</p> <p>Maryland Heights MO 63043</p> <p>USA</p>				<p>15. STATE</p> <p>MO</p>		<p>16. STATE WAGES, TIPS, ETC.</p> <p>65705.58</p>	
<p>F. EMPLOYEE'S ADDRESS AND ZIP CODE</p>				<p>17. STATE INCOME TAX</p> <p>2918.00</p>		<p>18. LOCAL WAGES, TIPS, ETC.</p> <p>9854.06</p>	
						<p>19. LOCAL INCOME TAX</p> <p>98.54</p>	
						<p>20. LOCALITY NAME</p> <p>StLouCityW/H</p>	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return 2022 Department of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**

<p>D. CONTROL NUMBER</p> <p>000801633701</p>				2022		OMB NO. 1545-0008	
<p>B. EMPLOYER IDENTIFICATION NUMBER (EIN)</p> <p>39-1864073</p>				<p>A. EMPLOYEE'S SOCIAL SECURITY NUMBER</p> <p>XXX-XX-8387</p>			
<p>C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE</p> <p>Centene Management Company LLC</p> <p>7700 Forsyth Blvd</p> <p>St. Louis MO 63105</p>				<p>5. MEDICARE WAGES AND TIPS</p> <p>69984.10</p>		<p>6. MEDICARE TAX WITHHELD</p> <p>1014.77</p>	
<p>E. EMPLOYEE'S FIRST NAME AND INITIAL</p> <p>Sindhujra</p>				<p>11. NONQUALIFIED PLANS</p>		<p>12.a-d See instructions for box 12</p> <p>C 24.90</p> <p>D 4278.52</p> <p>W 591.60</p> <p>DD 4693.50</p>	
<p>LAST NAME</p> <p>Ravula</p>				<p>14. OTHER</p>		<p>13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/></p>	
<p>12364 Spanish Trace Dr</p> <p>Apt H</p> <p>Maryland Heights MO 63043</p> <p>USA</p>				<p>15. STATE</p> <p>MO</p>		<p>16. STATE WAGES, TIPS, ETC.</p> <p>65705.58</p>	
<p>F. EMPLOYEE'S ADDRESS AND ZIP CODE</p>				<p>17. STATE INCOME TAX</p> <p>2918.00</p>		<p>18. LOCAL WAGES, TIPS, ETC.</p> <p>9854.06</p>	
						<p>19. LOCAL INCOME TAX</p> <p>98.54</p>	
						<p>20. LOCALITY NAME</p> <p>StLouCityW/H</p>	

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FORM **W-2 Wage and Tax Statement**

<p>D. CONTROL NUMBER</p> <p>000801633701</p>				2022		OMB NO. 1545-0008	
<p>B. EMPLOYER IDENTIFICATION NUMBER (EIN)</p> <p>39-1864073</p>				<p>A. EMPLOYEE'S SOCIAL SECURITY NUMBER</p> <p>XXX-XX-8387</p>			
<p>C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE</p> <p>Centene Management Company LLC</p> <p>7700 Forsyth Blvd</p> <p>St. Louis MO 63105</p>				<p>5. MEDICARE WAGES AND TIPS</p> <p>69984.10</p>		<p>6. MEDICARE TAX WITHHELD</p> <p>1014.77</p>	
<p>E. EMPLOYEE'S FIRST NAME AND INITIAL</p> <p>Sindhujra</p>				<p>11. NONQUALIFIED PLANS</p>		<p>12.a-d See instructions for box 12</p> <p>C 24.90</p> <p>D 4278.52</p> <p>W 591.60</p> <p>DD 4693.50</p>	
<p>LAST NAME</p> <p>Ravula</p>				<p>14. OTHER</p>		<p>13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/></p>	
<p>12364 Spanish Trace Dr</p> <p>Apt H</p> <p>Maryland Heights MO 63043</p> <p>USA</p>				<p>15. STATE</p> <p>MO</p>		<p>16. STATE WAGES, TIPS, ETC.</p> <p>65705.58</p>	
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						<p>19. LOCAL INCOME TAX</p> <p>98.54</p>	
						<p>20. LOCALITY NAME</p> <p>StLouCityW/H</p>	

Copy B-To Be Filed With Employee's FEDERAL Tax Return 2022 Department of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement** This information is being furnished to the Internal Revenue Service