

b Employer identification number (EIN)		94-1648752		12a See instructions for Box 12 :DD 201.45		1 Wages, tips, other compensation 39820.63		2 Federal income tax withheld 4510.74	
c Employer's name, address, and ZIP code				12b		3 Social security wages		4 Social security tax withheld	
ROBERT HALF INTERNATIONAL INC A ROBERT HALF INTERNATIONAL COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583				12c		5 Medicare wages and tips		6 Medicare tax withheld	
				12d		7 Social security tips		8 Allocated tips	
				12e		9		10 Dependent care benefits	
				This information is being furnished to the Internal Revenue Service Copy B—To Be Filed With Employee's FEDERAL Tax Return		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
						14 Other NY SDI 19.20 NY PFL 203.48			
ef Employee's name, address, and ZIP code				a Employee's social security number 762-87-3213		15 State NY		16 State wages, tips, etc. 39820.63	
SHRUTIKA RUDRAWAR APT D10H 3333 BROADWAY NEW YORK, NY 10031-8709				17 State income tax 1931.95		18 Local wages, tips, etc. 39820.63		19 Local income tax 1372.98	
				20 Locality name NEW YORK					
REISSUED STATEMENT				Import Code: HRV8FJMW					
Form W-2 Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B—To Be Filed With Employee's FEDERAL Tax Return									

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				This information is being furnished to the Internal Revenue Service Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
						14 Other NY SDI 19.20 NY PFL 203.48			
ef Employee's name, address, and ZIP code				a Employee's social security number 762-87-3213		15 State NY		16 State wages, tips, etc. 39820.63	
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Form W-2 Wage and Tax Statement 2022 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									

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				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. Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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ef Employee's name, address, and ZIP code				a Employee's social security number 762-87-3213		15 State NY		16 State wages, tips, etc. 39820.63	
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