Contact Name: SUN LIFE ASSUR CO OF CANADA Contact Name: SUN LIFE ASSUR CO OF CANADA Phone No: 1-800-247-6875 Phone No: 1-800-247-6875 Copy B-To Be Filed With Employee's FEDERAL Tax Year 2022 Copy 2-To Be Filed With Employee's State, City, Tax Year 2022 or Local Income Tax Return. Tax Return. OMB No. 1545-0008 OMB No. 1545-0008 a. Employee's social security 1 Wages, tips, other comp 2 Federal income tax withheld Employee's social security 1 Wages, tips, other comp. 2 Federal income tax withheld number 016-25-7311 \$8,630,42 \$2.071.35 number 016-25-7311 b. Employer ID number (EIN) 3 Social security wages 4 Social security tax withheld b. Employer ID number (EIN) 3 Social security wages 4 Social security tax withheld 38-1082080 \$8,630.42 \$535.09 38-1082080 \$8,630.42 d. Control number 5 Medicare wages and tips 6 Medicare tax withheld d. Control number 5 Medicare wages and tips 6 Medicare tax withheld 223799STD00000 \$8,630.42 223799STD00000 \$8,630.42 7 Social security tips 8 Allocated tips 7 Social security tips 8 Allocated tips c. EMPLOYER'S name, address, and ZIP code c. EMPLOYER'S name, address, and ZIP code SUN LIFE ASSUR CO OF CANADA 96 WORCESTER STREET SUN LIFE ASSUR CO OF CANADA 96 WORCESTER STREET WELLESLEY HILLS, MA 02481 WELLESLEY HILLS, MA 02481 e. EMPLOYEE'S name, address, and ZIP code e. EMPLOYEE'S name, address, and ZIP code VINITHA BHODHE VINITHA BHODHE 9735 GARAMONT PKWY NW CONCORD, NC 28027 9735 GARAMONT PKWY NW CONCORD, NC 28027 10 Dependent care benefits 11 Nonqualified plans See instructions for box 12 10 Dependent care benefits 11 Nonqualified plans 13 Statutory employee 128 14 Other 12a 12b 12b 14 Other Statutory employee 12c Retirement plan 12c 12d 12d Retirement plan Third-party sick pay Third-party sick pay X 120 15 State/Employer's state ID 16 State wages, tips, etc. 17 State income tax 15 State/Employer's state ID 16 State wages, tips, etc. 17 State income tax NC/101017187 \$8,630.42 \$442.00 NC/101017187 \$8 630 42 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service This information is being turnished to the Internal Revenue Service. Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service Contact Name: SUN LIFE ASSUR CO OF CANADA Contact Name: SUN LIFE ASSUR CO OF CANADA Phone No: 1-800-247-6875 Phone No: 1-800-247-6875 Copy C-For EMPLOYEE'S RECORDS (See Notice Tax Year 2022 Copy 2-To Be File'd With Employee's State, City, Tax Year 2022 to Employee on the back of Copy B.) or Local Income Tax Return. OMB No. 1545-0008 OMB No. 1545-0008 a. Employee's social security 1 Wages, tips, other comp. a. Employee's social security 2 Federal income tax withheld 1 Wages, tips, other comp. 2 Federal income tax withheld number 016-25-7311 \$8,630.42 \$2.071.35 number 016-25-7311 \$8,630.42 3 Social security wages b. Employer ID number (EIN) 4 Social security tax withheld b. Employer ID number (EIN) 3 Social security wages 4 Social security tax withheld 38-1082080 \$8,630.42 38-1082080 \$535.09 \$8,630.42 d. Control number 5 Medicare wages and tips 6 Medicare tax withheld d. Control number 5 Medicare wages and tips 6 Medicare tax withheld 223799STD00000 \$8,630.42 223799STD00000 \$8,630.42 7 Social security tips 8 Allocated tips 7 Social security tips 8 Allocated tips c. EMPLOYER'S name, address, and ZIP code c. EMPLOYER'S name, address, and ZIP code SUN LIFE ASSUR CO OF CANADA 96 WORCESTER STREET SUN LIFE ASSUR CO OF CANADA 96 WORCESTER STREET WELLESLEY HILLS, MA 02481 WELLESLEY HILLS, MA 02481

e. EMPLOYEE'S name, address, and ZIP code **VINITHA BHODHE** 9735 GARAMONT PKWY NW CONCORD, NC 28027 10 Dependent care benefits 11 Nonqualified plans See instructions for box 12 12a 13 Statutory employee 14 Other 12b 12c Retirement plan 12d 12e Third-party sick pay X 15 State/Employer's state ID 16 State wages, tips, etc. 17 State income tax NC/101017187 \$8,630,42 \$442.00 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service 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 fall to report it.

e. EMPLOYEE'S name, address, and ZIP code VINITHA BHODHE 9735 GARAMONT PKWY NW CONCORD, NC 28027 10 Dependent care benefits 11 Nonqualified plans 13 Statutory employee 14 Other 12b 12c Retirement plan 12d Third party sick pay X 15 State/Employer's state ID 16 State wages, tips, etc. 17 State income tax NC/101017187 \$8.630.42 \$442.00 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement

Department of the Treasury - Internal Revenue Service

\$2,071.35

\$535.09

\$125.12

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