| Department of the Treasu | ry - Internal Re | evenue Service | | | | | |
|---|---|--|---|---|------------------------|---|---|
| d Control number 00209164 | 1 Wages, | tips, other compensation 151207.20 | 2 Federal Income tax withheld 18801.65 | d Control number 00209164 | 1 Wages, t | tips, other compensation 151207.20 | 2 Federal Income tax withheld 18801.65 |
| OMB. NO.1545-0008 | 3 Social se | ecurity wages 147000.00 | 4 Social security tax withheld 9114.00 | OMB.No.1545-0008 | 3 Social se | ecurity wages 147000.00 | 4 Social security tax withheld 9114.00 |
| | 5 Medicare | e wages and tips 161050.20 | 6 Medicare tax withheld 2335.23 | This information is being furnished to the Internal Revenue Service | | e wages and tips 161050.20 | 6 Medicare tax withheld 2335.23 |
| 4 | d ZIP code mpany and Dr. 53044 | | c Employer's name, address, and ZIP code Kohler Company 444 Highland Dr. Kohler WI 53044 | | | | |
| 7 Social security tips 8 Allocated tips 9 | | | | 7 Social security tips 8 Allocated tips 9 | | | |
| 10 Dependent care benefits 11 Nonqua | | 11 Nonqualified plans | 12a See instructions for box 12 | 10 Dependent care | benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| 12b 12c G C 7.16 D 9843.00 | | 12d | 12b | 7.16 | 12c § D 9843.0 | 12d | |
| b Employer identifica | <u>v</u> | 2's social security number 683-89-3162 | b Employer identific | ation numb | e | e's social security number 683-89-3162 | |
| 13 Statutory Retireme employee plan | Party 14 Other ay | 000 00 0102 | 13 Statutory Retirement Third-Party employee plan sick pay | | | | |
| X | -2 | | | | | | |
| e Employee's name, PRAKASH DO | | This information is being furnished to the Internal Revenue Service. If you | e Employee's name, address, and ZIP code PRAKASH DODDAMANI | | | | |
| 426 ALAMOSA CARY NC 2751 | | revenue Service: in you are required to file a tax return, a negligence penalty or other sanctior may be imposed on you if this income is taxable and you fail to report it. | 426 ALAMOSA PL CARY NC 27519 | | | | |
| 2022 | 15 State NC | Employer's state ID No. 10101216 | 3 16 State wages, tips, etc. 151207.20 | 2022 | 15 State NC | Employer's state ID N 101012 | |
| | e and Tax ement | 17 State income tax 6926.00 | 18 Local wages, tips, etc | E W-2 Wag | | 17 State income tax 6926.0 | 18 Local wages, tips, etc |
| EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B). | | 19 Local income tax | 20 Locality name | Copy B-To be Filed With Employee's FEDERAL Tax Return | | 19 Local income tax | 20 Locality name |
| on back of copy b | | |] | | Departmen | t of the TreasuryInternal Revenue Service | |
| d Control number | 1 Wages, t | tips, other compensation | 2 Federal Income tax withheld | d Control number | 1 Wages, | tips, other compensation | 2 Federal Income tax withheld |
| 00209164 OMB. NO. 1545-0008 | 3 Social se | 151207.20 ecurity wages | 18801.65 4 Social security tax withheld | 00209164 OMB. No. 1545-000 | 8 3 Social s | 151207.20 security wages | 18801.65 4 Social security tax withheld |
| | 5 Medicare | 147000.00 e wages and tips 161050.20 | 9114.00 6 Medicare tax withheld 2335.23 | | 5 Medicar | 147000.00 re wages and tips 161050.20 | 9114.00 6 Medicare tax withheld 2335.23 |
| 4 | | 2333.23 | c Employer's name, address, and ZIP code Kohler Company 444 Highland Dr. Kohler WI 53044 | | | | |
| 7 Social security tips | | 8 Allocated tips | 9 | 7 Social security tip | S | 8 Allocated tips | 9 |
| 10 Dependent care benefits | | 11 Nonqualified plans | 12a g DD 19928.16 | 10 Dependent care benefits | | 11 Nonqualified plans | 12a g DD 19928.16 |
| 12b ⁶ / ₂ C | 7.16 | 12c G D 9843.00 | 12d | 12b | 7.16 | 12c §D 9843.0 | 12d 0 § |
| b Employer identifica | | r (EIN) a Employee | s's social security number 683-89-3162 | b Employer identified | | per (EIN) a Employe 0402810 | ee's social security number 683-89-3162 |
| 13 Statutory Retirement employee plan Third-Party sick pay 14 Other 13 S | | | | | ent Third-F sick pa | | |
| X | | | X | | | | |
| e Employee's name, PRAKASH DO | | | e Employee's name PRAKASH [| | | | |
| 426 ALAMOSA PL CARY NC 27519 | | | | 426 ALAMOSA PL CARY NC 27519 | | | |
| ~ ~ ~ ~ | 15 State | Employer's state ID No 1010121 | | 2022 | 15 State NC | Employer's state ID 1 101012 | |
| Image: W-2 wage and Tax Statement 17 State income tax 18 Local wages, tips, etc Image: W-2 wage and Tax Statement 17 State income tax Image: W-2 wage and Tax Statement 6926.00 18 Local wages, tips, etc Image: W-2 wage and Tax Statement 17 State income tax | | | | | | 18 Local wages, tips, etc | |
| Copy 2-To Be File Employee's State, Local Income Tax | 19 Local income tax | 20 Locality name | Copy 2-To Be F Employee's Sta | iled With te, City, or | 19 Local income tax | 20 Locality name | |
| | Netulli. | Department o | f the TreasuryInternal Revenue Service | Local Income Ta | ax Return. | | int of the TreasuryInternal Revenue Service |

Kohler Company 444 Highland Dr.

Kohler WI 53044