								Federal	Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5
To the right is an Please note that t				ents.		Gross Wages 131244.2 Txbl Benefits				25 131244.	25 131244.25
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						Group Term Life 171. Adoption			171.9	96 171.	96 171.96
imposed on you if this income is taxable and you fail to report it.						Deferred Co	omp	(15	682.9	6)	
Form W-2 Wage a Copy C—For EMP						Section 125		(17	670.3	3) (17670.3	3) (17670.33)
Copy C—For Live	LOTEL 3 KECOKI	<i>J</i> 3					x/Wage Limit				
						W-2 Wages		98	3062.9	92 113745.	88 113745.88
D. CONTROL NUMBER		OMB NO. 1545-0008			1. WAGES, TIPS, OTHER COMPENSATION				2. FEDERAL INCOME TAX WITHHELD		
000648383301			2022		0008	98062.92					9662.37
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	RITY NUMBER		3. SOCIAL SE	CURITY WAGES			4. SOCIAL SECURITY TO	
06-1506026		283-91-8175				113745.88					7052.24
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WIT	
IQVIA INC							113	3745.88			1649.32
1510 Valley Center Pl Ste 130	kwy Ste 130					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Bethlehem PA 18017											
						9.				10. DEPENDENT CARE I	4999.92
E. EMPLOYEE'S FIRST NAM Afroz	ME AND INITIAL	LAST NA Mohan			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d See instructions for C	r box 12 171.96
		Monan	imeu							D	15682.96
T7 515 Plymouth Rd, Plymouth Meeting PA 19462					14. OTHER PA		-	2.00	W	7299.98	
USA	19402					PA	UI	7	8.75	DD	17117.12
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	THIRD-PARTY SICK PAY		
	S STATE ID NUMBER	16. STATE WAGE			OME T		18. LOCAL WAGE			LOCAL INCOME TAX	20. LOCALITY NAME
PA 1974852	4 061506026		118573.8	84		3640.29		70868.99	9	744.10	WORKPSD 460402

D. CONTROL NUMB	ER					1. WAGES, T	PS, OTHER COMPENSA	ATION	2. FEDERAL INCOME TA	XX WITHHELD		
000648383301			2022	OMB	OMB NO. 1545-0008		98062	2.92		9662.37		
B. EMPLOYER IDENT	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				JMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
06-1506026 283-91-8175				113745.88				7052.24				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
IQVIA INC							113745	5.88		1649.32		
1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS		
bedilellelli FA 10	5017					9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
										4999.92		
E. EMPLOYEE'S FIRS	T NAME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Afroz		Mohan	nmed						C	171.96		
T7 515 Plymouth Plymouth Meetin USA						14. OTHER PA	LST UI	52.00 78.75	VV	15682.96 7299.98 17117.12		
	DRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLO	OYER'S STATE ID NUMBER	16. STATE WAGI	ES, TIPS, E	TC.	17. STATE INCOME 1	ΓAX	18. LOCAL WAGES, T	IPS, ETC. 1	19. LOCAL INCOME TAX	20. LOCALITY NAME		
PA 1974	8524 061506026		118573	3.84		3640.29	70	0868.99	744.10	WORKPSD 460402		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000648383301	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 98062.9		2. FEDERAL INCOME TA	AX WITHHELD 9662.37	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EN	MPLOYEE'S SOCIAL SEC	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD	
06-1506026 283-	-91-8175		113745.88				7052.24	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD	
IQVIA INC				113745.8	8		1649.32	
1510 Valley Center Pkwy Ste 130 Ste 130			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Bethlehem PA 18017			9.			10. DEPENDENT CARE BENEFITS		
							4999.92	
E. EMPLOYEE'S FIRST NAME AND INITIAL Afroz	LAST NAME Mohammed	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	171.96	
T7 515 Plymouth Rd, Plymouth Meeting PA 19462			14. OTHER PA		52.00	D W	15682.96 7299.98	
USA			PA PA	UI	78.75	DD	17117.12	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER 16. ST PA 19748524 061506026	TATE WAGES, TIPS, ET 118573		7AX 3640.29	18. LOCAL WAGES, TIPS 7086	, ETC. 19 8.99	LOCAL INCOME TAX 744.10	20. LOCALITY NAME WORKPSD 460402	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	₹		00.41	A NO. 4545 0000	1. WAGES, T	PS, OTHER COMPENSATION	N	2. FEDERAL INCOME TA	X WITHHELD
000648383301			2022 OIVIE	3 NO. 1545-0008		98062.92	2	9662.37	
B. EMPLOYER IDENTIF	ICATION NUMBER (EIN)	A. EMPLOYEE'S SO	OCIAL SECURITY I	NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD
06-1506026		283-91-8175				113745.88	3		7052.24
C. EMPLOYER'S NAME	, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	'HHELD
IQVIA INC						113745.88	3		1649.32
1510 Valley Cente Ste 130	,				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
Bethlehem PA 180	17				9.			10. DEPENDENT CARE	BENEFITS
									4999.92
E. EMPLOYEE'S FIRST	NAME AND INITIAL	LAST NAN	ME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	r box 12
Afroz		Mohami	med					С	171.96
T7 54 5 81					14. OTHER PA			D	15682.96
T7 515 Plymouth					1		52.00	W	7299.98
Plymouth Meeting USA	PA 19462				PA	. UI	78.75	DD	17117.12
F. EMPLOYEE'S ADDR	ESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOY	ER'S STATE ID NUMBER	16. STATE WAGES	S, TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS,	ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME
PA 19748	524 061506026		118573.84		3640.29	7086	8.99	744.10	WORKPSD 460402

							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5			
To the right is an	explanation of v	our W-2 wage	25.		Gross Wage	es						
Please note that t				ents.	Txbl Benefits							
This information i	is beina furnishe	d to the Inter	nal Rever	nue Service. If you are	Group Term	Group Term Life						
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.												
imposed on you i	f this income is f	taxable and yo	ou fail to	report it.	Deferred Co	omp						
Form W-2 Wage a					Section 125	i						
Copy C—For EMP	LOYEE'S RECORI	DS			Other Preta	x/Wage Limit						
					W-2 Wages							
D. CONTROL NUMBER 000648383302		2022 OMB NO. 1545-0008			1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD				
B. EMPLOYER IDENTIFICA	TION NUMBER (FIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
06-1506026	TION NOWBER (EIN)	283-91-8175	SOCIAL SEC	JKITT NOMBER	3. SOCIAE SECONITI WAGES							
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD							
IQVIA INC												
1510 Valley Center Pl Ste 130	kwy Ste 130				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS							
Bethlehem PA 18017					9. 10. DEPENDENT CARE BENEFITS				ENERITE			
					J.	10. DEPENDENT CARE BENEFITS			ENERIIS			
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	r box 12			
Afroz		Mohan	nmed									
T7 515 Plymouth Rd, Plymouth Meeting PA 19462					14. OTHER							
USA	19462											
F. EMPLOYEE'S ADDRESS	AND ZIR CODE							13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY			
	S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	C. 17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME			
PA 1974852	4 061506026						7704.85	500.89	WORKPSD 150902			
<u> </u>												

D. CONTROL 000648383		202	OMB	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 06-1506026 283-91-8175				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD			
IQVIA INC		ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD		
1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Decimentario					9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYE Afroz	E'S FIRST NAME AND INITIAL	LAST NAME Mohammed		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
	mouth Rd, Meeting PA 19462				14. OTHER					
F. EMPLOYE	E'S ADDRESS AND ZIP CODE						13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE PA	EMPLOYER'S STATE ID NUMBER 19748524 061506026	16. STATE WAGES, TIP	S, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC. 47704.85	19. LOCAL INCOME TAX 500.89	20. LOCALITY NAME WORKPSD 150902		

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUM 000648383302		202	₂ OMB	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TO	AX WITHHELD	
06-1506026 283-91-8175										
C. EMPLOYER'S NA	AME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
IQVIA INC										
	nter Pkwy Ste 130				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Ste 130	10017									
Bethlehem PA 18017							10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIR	RST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d		
Afroz		Mohammed								
T7 515 Plymou	th Rd				14. OTHER		\neg			
Plymouth Meet										
USA							ļ			
E ENABLOYEEIC AI	DDDECC AND ZID CODE							13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
	DDRESS AND ZIP CODE PLOYER'S STATE ID NUMBER	16 STATE WAGES TID	S ETC	17. STATE INCOME T	ΔV	18. LOCAL WAGES, TIPS, ETC.	10	LOCAL INCOME TAX	20. LOCALITY NAME	
	748524 061506026	10.51ATE WAGES, TIP	3, 110.	17. STATE INCOME I	mn	47704.85	19.	500.89	WORKPSD 150902	
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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL			OMBN	O. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD	
000648383	3302	20	22 0111011	0. 1545 0000					
B. EMPLOYER	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD	
06-1506026 283-91-8175									
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD	
IQVIA INC									
1510 Valley Ste 130	y Center Pkwy Ste 130				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS		
Bethlehem	PA 18017								
Deamenem					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	r box 12	
Afroz		Mohammed	i						
T7 515 Ply	mouth Rd,				14. OTHER				
	Meeting PA 19462								
USA							13. STATUTORY RETI	REMENT THIRD-PARTY	
F. EMPLOYEE	E'S ADDRESS AND ZIP CODE				EMPLOYEE PLAN SICK PAY				
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TI	PS, ETC. 1	7. STATE INCOME T	ΓΑX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
PA	19748524 061506026					47704.85	500.89	WORKPSD 150902	