Copy B-To Be Filed With Employee's FEDERAL Tax Return.		-	Tax Year 2022 OMB No. 1545-0008	Copy 2-To Be Filed With Employee's State, Cor Local Income Tax Return.		y,	Tax Year 2022 OMB No. 1545-0008
a. Employee's social security number ***-**-1143	1 Wages, tips, other comp.	2 Federal income tax withheld		a. Employee's social security number ***-**-1143	1 Wages, tips, other comp.	2 Federal income tax withheld	
b. Employer ID number (EIN) 04-1590850	3 Social security wages	4 Social security tax withheld		b. Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
d. Control number 10020575	5 Medicare wages and tips	6 Medicare tax withheld		d. Control number	5 Medicare wages and tips	6 Medicare tax withheld	
7 Social security tips	8 Allocated tips	9		7 Social security tips	8 Allocated tips	9	
c. EMPLOYER'S name, addres	IPLOYER'S name, address, and ZIP code			c. EMPLOYER'S name, addres	es and ZIP code		
MASSACHUSETTS MUTUAL LIFE INSURANCE CO 1295 STATE STREET SPRINGFIELD, MA 01111 e. EMPLOYEE'S name, address, and ZIP code F105 VENKATA RAGHAVENDRA SRIKAKULA F105 VENKATA RAGHAVENDRA SRIKAKULA 1-866-662-6448				MASSACHUSETTS MUTUAL LIFE INSURANCE CO 1295 STATE STREET SPRINGFIELD, MA 01111 e. EMPLOYEE'S name, address, and ZIP code F105 VENKATA RAGHAVENDRA SRIKAKULAF105 131 BUEFALOE SPRINGS ST			
VENKATA HAGHAVET 131 BUFFALOE SPRIF GARNER, NC 27529	NDRA SRIKAKULA 1-866-66 NGS ST	62-6448		VENKATA RAGHAVE 131 BUFFALOE SPRI GARNER, NC 27529	NDRA SRIKAKULA <mark>T 1866-66</mark> NGS ST	62-6448	
10 Dependent care benefits	11 Nonqualified plans	See ins	structions for box 12	10 Dependent care benefits	11 Nonqualified plans		
13 Statutory employee	14 Other	12a 12b		13 Statutory employee	14 Other	12a 12b	
Retirement plan	7 8 7	12c 12d		Retirement plan	3	12c	
Third-party sick pay		12u		Third-party sick pay	9	12d 12e	
15 State/Employer's state ID NC/101000596	16 State wages, tips, etc. \$84,228.03	17 Stat	e income tax \$3,351.00	15 State/Employer's state ID NC/101000596	16 State wages, tips, etc. \$84,228.03	17 Stat	e income tax \$3,351.0
18 Local wages, tips, etc.	19 Local income tax	20 Loca	ality name	18 Local wages, tips, etc.	19 Local income tax	201.00	ality name
Form W-2 Wage and Tax S This information is being furnish	tatement Department of the Tre ed to the Internal Revenue Service.	asury - In	ernal Revenue Service	Form W-2 Wage and Tax S	tatement Department of the Tre	asury - Int	ernal Revenue Service
Copy C-For EMPLOY	EE'S RECORDS (See Notice	e	Tax Year 2022	Copy 2-To Be Filed W	/ith Employee's State, City		Tax Year 2022
to Employee on the back of Copy B.)			OMB No. 1545-0008	or Local Income Tax Return.		OMB No. 1545-0008	
a. Employee's social security number ***-**-1143	1 Wages, tips, other comp.	2 Feder	al income tax withheld	a. Employee's social security number ***-**-1143	1 Wages, tips, other comp.	2 Federal income tax withheld	
b. Employer ID number (EIN) 04-1590850	3 Social security wages	4 Social security tax withheld		b. Employer ID number (EIN) 04-1590850	3 Social security wages	4 Social security tax withheld	
d. Control number 10020575	5 Medicare wages and tips	6 Medic	are tax withheld	d. Control number	5 Medicare wages and tips	6 Medicare tax withheld	
7 Social security tips	8 Allocated tips	9		7 Social security tips	8 Allocated tips	9	
c. EMPLOYER'S name, address MASSACHUSETTS ML 1295 STATE STREET SPRINGFIELD, MA 011 2. EMPLOYEE'S name, address,	JTUAL LIFE INSURANCE C		c. EMPLOYER'S name, address, and ZIP code MASSACHUSETTS MUTUAL LIFE INSURANCE CO 1295 STATE STREET SPRINGFIELD, MA 01111 e. EMPLOYEE'S name, address, and ZIP code				
F105 VENKATA RAGHAVEN 131 BUFFALOE SPRIN GARNER, NC 27529	DRA SRIKAKULA <mark>F105</mark> GS ST	2-6448		F105 VENKATA RAGHAVEN 131 BUFFALOE SPRIN GARNER, NC 27529	IDRA SRIKAKULA F105	2-6448	
0 Dependent care benefits	11 Nonqualified plans	See instr	uctions for box 12	10 Dependent care benefits	11 Nonqualified plans		
3 Statutory employee	14 Other	12a 12b		13	14 Other	12a	
Retirement plan		12c		Statutory employee	i - Oalei	12b 12c	
Third-party sick pay		12d 12e		Retirement plan Third-party sick pay		12d 12e	
5 State/Employer's state ID NC/101000596	16 State wages, tips, etc. \$84,228.03	17 State	ncome tax \$3,351.00	15 State/Employer's state ID NC/101000596	16 State wages, tips, etc. \$84,228.03	17 State	ncome tax \$3,351.00

18 Local wages, tips, etc.

Form W-2 Wage and Tax Statement

19 Local income tax

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 fail to report it.

20 Locality name

19 Local income tax

18 Local wages, tips, etc.

Department of the Treasury - Internal Revenue Service

20 Locality name