

Copy B-To Be Filed With Employee's FEDERAL Tax Return.			Tax Year <b>2022</b> OMB No. 1545-0008		
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			
d. Control number 10020575	5 Medicare wages and tips	6 Medicare tax withheld			
7 Social security tips	8 Allocated tips	9			
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 RAGHAVENDRA SRIKAKULA F105 131 BUFFALOE SPRINGS ST 1-866-662-6448 GARNER, NC 27529					
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12			
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12a	12b	12c	12d
15 State/Employer's state ID NC/101000596	16 State wages, tips, etc. \$84,228.03	17 State income tax	\$3,351.00		
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.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.			Tax Year <b>2022</b> OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			Tax Year <b>2022</b> OMB No. 1545-0008		
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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.

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