

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000006022 WQW		SL56	C S 165
c Employer's name, address, and ZIP code			
CHOICE HOTELS INTERNATIONAL INC AGENT FOR:CHOICE HOTELS 1 CHOICE HOTELS CIRCLE SUITE 400 ROCKVILLE, MD 20850			
e/f Employee's name, address, and ZIP code			
ARVIND KUMAR REDD ANNAM 35116 N 34TH LANE PHOENIX, AZ 85086			
b Employer's FED ID number	a Employee's SSA number		
52-1209792	XXX-XX-1634		
1 Wages, tips, other comp.	2 Federal income tax withheld		
147538.37	28905.68		
3 Social security wages	4 Social security tax withheld		
147000.00	9114.00		
5 Medicare wages and tips	6 Medicare tax withheld		
154730.95	2243.60		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 102.24		
14 Other	12b D 7192.58		
	12c DD 23240.88		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
AZ	52-2128781	147538.37	
17 State income tax	18 Local wages, tips, etc.		
6196.65			
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	160,899.19	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	9,114.00
FED. INCOME TAX WITHHELD BOX 02 OF W-2	28,905.68	MEDICARE TAX WITHHELD BOX 06 OF W-2	2,243.60
STATE INCOME TAX BOX 17 OF W-2	6,196.65	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

ARVIND KUMAR REDD ANNAM
35116 N 34TH LANE
PHOENIX, AZ 85086

Social Security Number: XXX-XX-1634



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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

AZ. State Filing Copy	
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Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
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