

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code
INSURANCE SERVICES OFFICE, INC
 545 WASHINGTON BOULEVARD
 JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code

MONIKA GADDIPATI
 29961 220TH AVE SE
 COVINGTON WA 98042

15 State NJ	Employer's state ID no. 133131412000	16 State wages, tips, etc. 44722.26	17 State income tax 2163.91	18 Local wages, tips, etc.	19 Local income tax 62.59	20 Locality name FLI
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Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

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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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**