

Form W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 696255423		Employer identification number 52-6000980			COPY B To Be Filed With Employee's FEDERAL Tax Return		
Employer's name, address and zip code Montgomery County MD 101 Monroe Street Rockville MD 20850		Employee's SSN 798-15-0873		1 Wages, tips, other compensation 84920.89	2 Federal income tax withheld 12416.14		
		7 Social security tips		3 Social security wages 110127.54	4 Social security tax withheld 6827.91		
		8 Allocated tips		5 Medicare wages and tips 110127.54	6 Medicare tax withheld 1596.85		
Employee's first name and init Mahitha 22428 Bright Sky DR Clarksburg MD 20871 Employee's address and ZIP code		Last Name Reddivari		Suffix		10 Dependent care benefits	
		9		11 Nonqualified plans			
		12a DD	23176.40	13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		
		12b G	20500.00				
		12c					
12d							
15 State MD	Employer's State ID number 00328524	16 State wages, tips etc. 84920.89	17 State income tax 6308.85	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 696255423		Employer identification number 52-6000980			COPY C For Employee's Records (See Notice to Employee on back of Copy B)		
Employer's name, address and zip code Montgomery County MD 101 Monroe Street Rockville MD 20850		Employee's SSN 798-15-0873		1 Wages, tips, other compensation 84920.89	2 Federal income tax withheld 12416.14		
		7 Social security tips		3 Social security wages 110127.54	4 Social security tax withheld 6827.91		
		8 Allocated tips		5 Medicare wages and tips 110127.54	6 Medicare tax withheld 1596.85		
Employee's first name and init Mahitha 22428 Bright Sky DR Clarksburg MD 20871 Employee's address and ZIP code		Last Name Reddivari		Suffix		10 Dependent care benefits	
		9		11 Nonqualified plans			
		12a DD	23176.40	13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other		
		12b G	20500.00				
		12c					
12d							
15 State MD	Employer's State ID number 00328524	16 State wages, tips etc. 84920.89	17 State income tax 6308.85	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

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 if this information is not reported.