

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 126972.32		2. FEDERAL INCOME TAX WITHHELD 23568.62					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 59-3417812			A. EMPLOYEE'S SOCIAL SECURITY NUMBER XXX-XX-6659			3. SOCIAL SECURITY WAGES 134889.62		4. SOCIAL SECURITY TAX WITHHELD 8363.16					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ANCHOR GLASS CONTAINER CORPORATION SUITE 300 3001 N ROCKY POINT DRI TAMPA, FL 33607						5. MEDICARE WAGES AND TIPS 134889.62		6. MEDICARE TAX WITHHELD 1955.90					
E. EMPLOYEE'S FIRST NAME AND INITIAL ARJUN AILEENI 3268 TUCSON WIND PLACE ODESSA, FL 33556						7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS					
						9.		10. DEPENDENT CARE BENEFITS					
F. EMPLOYEE'S ADDRESS AND ZIP CODE						11. NONQUALIFIED PLANS		12. a-d See instructions for box 12 D 7917.30 W 3140.00 C 459.60 DD 17697.56					
						14. OTHER		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input checked="" type="checkbox"/>					
15. STATE		EMPLOYER'S STATE I.D. NO.		16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return
FORM **W-2 Wage and Tax Statement**

2022

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

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W-2 AND WAGE SUMMARY