



W-2 Wage and Tax Statement
 Copy C for employee's records.
 OMB No. 1545-0008
2022

d Control number 010055 SANF/EX7
 Dept. SANF/EX7
 Corp. T
 Employer use only 26

c Employer's name, address, and ZIP code
KENSINGTON INFORMATION GROUP INC
379 THORNALL ST STE 9
EDISON NJ 08837
 Batch #01904

e/f Employee's name, address, and ZIP code
CHANDRIKA MEDA
321 PEAT MOSS DRIVE
COLUMBUS OH 43235

b Employer's FED ID number 81-2985956
a Employee's SSA number XXX-XX-6526

1 Wages, tips, other comp. 22891.20
2 Federal income tax withheld 3714.99
3 Social security wages 22891.20
4 Social security tax withheld 1419.25
5 Medicare wages and tips 22891.20
6 Medicare tax withheld 331.92
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a See instructions for box 12
14 Other 97.29 UI/WF/SWF, 32.05 NJ DI, 32.05 FLI
12b, **12c**, **12d**
13 Stat emp, Ret. plan, 3rd party sick pay
15 State NJ, Employer's state ID no. 812985956/000
16 State wages, tips, etc. 22891.20
17 State income tax 1022.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	22,891.20	22,891.20	22,891.20	22,891.20
Reported W-2 Wages	22,891.20	22,891.20	22,891.20	22,891.20

2. Employee Name and Address.

CHANDRIKA MEDA
321 PEAT MOSS DRIVE
COLUMBUS OH 43235

© 2022 ADP, Inc.

W-2 Wage and Tax Statement
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008
2022

d Control number 010055 SANF/EX7
 Dept. SANF/EX7
 Corp. T
 Employer use only 26

c Employer's name, address, and ZIP code
KENSINGTON INFORMATION GROUP INC
379 THORNALL ST STE 9
EDISON NJ 08837

b Employer's FED ID number 81-2985956
a Employee's SSA number XXX-XX-6526

7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a See instructions for box 12
14 Other 97.29 UI/WF/SWF, 32.05 NJ DI, 32.05 FLI
12b, **12c**, **12d**
13 Stat emp, Ret. plan, 3rd party sick pay
15 State NJ, Employer's state ID no. 812985956/000
16 State wages, tips, etc. 22891.20
17 State income tax 1022.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008
2022

W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2022

d Control number 010055 SANF/EX7
 Dept. SANF/EX7
 Corp. T
 Employer use only 26

c Employer's name, address, and ZIP code
KENSINGTON INFORMATION GROUP INC
379 THORNALL ST STE 9
EDISON NJ 08837

b Employer's FED ID number 81-2985956
a Employee's SSA number XXX-XX-6526

7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a
14 Other 97.29 UI/WF/SWF, 32.05 NJ DI, 32.05 FLI
12b, **12c**, **12d**
13 Stat emp, Ret. plan, 3rd party sick pay
15 State NJ, Employer's state ID no. 812985956/000
16 State wages, tips, etc. 22891.20
17 State income tax 1022.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

NJ State Reference Copy
W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2022

W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2022

d Control number 010055 SANF/EX7
 Dept. SANF/EX7
 Corp. T
 Employer use only 26

c Employer's name, address, and ZIP code
KENSINGTON INFORMATION GROUP INC
379 THORNALL ST STE 9
EDISON NJ 08837

b Employer's FED ID number 81-2985956
a Employee's SSA number XXX-XX-6526

7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a
14 Other 97.29 UI/WF/SWF, 32.05 NJ DI, 32.05 FLI
12b, **12c**, **12d**
13 Stat emp, Ret. plan, 3rd party sick pay
15 State NJ, Employer's state ID no. 812985956/000
16 State wages, tips, etc. 22891.20
17 State income tax 1022.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

NJ State Filing Copy
W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2022