2022 W-2 and EARNINGS SUMMARY

!B01 Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760 e/f Employee's name, address, and ZIP code ILLAYARAJA KANDASAMY The wages, tips, and other compensation reflected in box 1 are the 649 COWBOYS PARKWAY sum of those wages shown on your last pay statement for 2022 plus any additional 2022 compensation or adjustment received after the **APT 2067** IRVING, TX 75063 12/21/22 payroll close. b Employer's FED ID number a Employee's SSA number XXX-XX-5848 13-0871985

For other tax and payroll information, visit the Payroll Services Web Site at https://w3.ibm.com/hr/web/us/payroll on the IBM Intranet.

ILLAYARAJA KANDASAMY 649 COWBOYS PARKWAY **APT 2067** IRVING, TX 75063

Social Security Number: XXX-XX-5848

2 Federal income tax withheld

4 Social security tax withheld 7222.43

6 Medicare tax withheld

6523.29

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PAGE 01 OF 01

19 Local income tax			20 Locality name				
1	Wages, tips, other c		2 Federa	al income tax withheld			
	111002.45		6523.29				
3	Social security wages 116490.83		4 Social security tax withheld 7222.43				
5	Medicare wages and tips 116490.83		6 Medicare tax withheld 1689.12				
-	Control number 007J2082 W11	Dept.	Corp. IB01	Employer use only Z 14345			
	INTERNATIONA CORPORATION 1701 NORTH S ENDICOTT, N	I ST BLI	OG 256-				
	Employer's FED ID r 13-087198 Social security tips		a Emplo	yee's SSA number XXX-XX-5848 ited tips			
9			10 Deper	ndent care benefits			
11	Nonqualified plans	*************	12a See ii	nstructions for box 12 85.17			
14	Other 528.11 ESPF	•	^{12b} D	6016.49			
			12c W	3040.00			
			12d DD	18424.92			
			1	D. Ret. plan 3rd party sick pay			
e/f	Employee's name, a	ddress a	nd ZIP cod	e			
	ILLAYARAJA K 649 COWBOYS APT 2067 IRVING, TX 7						
	State Employer's st	ate ID no	. 16 State v	⊮ages, tips, etc.			
15	State Employer's st	ate ID no		wages, tips, etc.			

ederal Filing Copy

Copy B to be filed with employee's Federal Income Tax Reti

Wage and Tax

Statement

Employee Reference Copy Wage and Tax Statement

Corp.

Employer use only

2 Federal income tax withheld

Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits 12a See instructions for box 12

13 Stat emp Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

8 Allocated tips

12b D | 12c W |

15 State Employer's state ID no. 16 State wages, tips, etc.

6523.29

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d Control number

Wages, tips, other comp.

Medicare wages and tips

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3 Social security wages

Social security tips

11 Nonqualified plans

17 State income tax

14 Other

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3	Social security was	es 90.83	4 Social security tax withheld 7222.43			3	3 Social security wages 116490.83		
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b	Employer's FED ID 13-08719	number 85	a Employ	ree's SSA XXX-	Number XX-5848	b	Employer's FED ID 13-087198		
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	1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760								
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						3040.00			
				12d DD		18424.92			
				13 Stat emp	Ret. plan	3rd party sick pa			
e/f Employee's name, address and ZIP code									
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JEINOH HEHE	15 State	Employer's s	tate ID no.	16 State w	ages, tip	s, etc.			
9	17 State	income tax		18 Local	wages, tij	ps, etc.			

20 Locality name

City or Local Filing Copy

Wage and Tax

Statement