							OMB No. 1545-0008	
a Employee's se	ocial	1 Wage	s, tips, other	comp.	2 Federa	I income tax withhe	ld	
security numb	er		153020.48		26447.61			
047-73-7337 3 Soci		3 Socia	al security wages		4 Social security tax withheld			
Employer ID number			147000.00		9114.00			
27-2220139 5 Med		5 Medio	dicare wages and tips		6 Medicare tax withheld 2304.67			
				940.35				
: Employer's na	ame, address, and	ZIP co	de					
	y, Inc.							
	roadway							
Fl 2	1 1	0010						
New Yor	rk, NY 1	0018						
d Control numb								
41576								
e Employee's n	ame, address, an	d ZIP co	nde					
Latha V		a 2 oc						
	osaic Wa	V						
	, GA 300							
22	,							
7 Social security tips 8 /			Allocated tips		9 Advance EIC payment			
10 Dependent care benefits		11	11 Nonqualified plans					
<sup>12a</sup> C		134.46		13 Statutory emp	loyee R	etirement plan 3rd	d-party sick pay	
12b		E 0.1	9.87	97		X		
12c				Outloi Othe		er 36357.74		
DD DD	892		22.48					
<sup>12d</sup> W		85	0.00					
N/A		N/A			N/A			
15 State Employer's State ID#			16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, etc.			19 Local income tax		20 Lc	20 Locality name		
N/A			N/A			N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employ	yee's State Inc	ome Tax Return	[GA	2022	OMB No. 1545-0008	
a Employee's social	1 Wages, tips,		2 Feder	2 Federal income tax withheld		
security number		153020.48		26447.61		
047-73-7337		al security wages		4 Social security tax withheld		
b Employer ID number		147000.00		9114.00		
27-2220139	5 Medicare wa		6 Medio	6 Medicare tax withheld 2304.67		
c Employer's name, address		158940.35				
Progyny, Inc 1359 Broadwa Fl 2 New York, NY	У					
d Control number 41576 565						
Smyrna, GA 3	0080					
Smyrna, GA 3	0 0 8 0 8 Allocate	ed tips	9 Ad	vance EIC paymen	ut	
7 Social security tips	8 Allocate	·	9 Ad	vance EIC paymen	ut	
7 Social security tips	8 Allocate	ed tips ualified plans	9 Ad	vance EIC paymen	it	
7 Social security tips 10 Dependent care benefits 12a C	8 Allocate	ualified plans		vance EIC paymen		
7 Social security tips 10 Dependent care benefits 12a C	8 Allocate	ualified plans  13 Statutory er		Retirement plan 3		
7 Social security tips 10 Dependent care benefits 12a C 12b D	8 Allocate 11 Nonqu	ualified plans  13 Statutory er  14 Other other	nployee	Retirement plan 3		
7 Social security tips 10 Dependent care benefits 12a	8 Allocate 11 Nonqu 134.4 5919.8	13 Statutory er 14 Other ot	nployee	Retirement plan 3		
7 Social security tips 10 Dependent care benefits 12a C 12b D 12c DD	11 Nonqu 134.4 5919.8 8922.4 850.0	13 Statutory er 14 Other ot	nployee her 3635	Retirement plan 3 X 7.74		
7 Social security tips 10 Dependent care benefits 12a	8 Allocate 11 Nonqe 134.4 5919.8 8922.4 850.0	13 Statutory er 14 Other on 15 3 0 2 0 . 4	nployee her 3635	Retirement plan 3 X 7.74	3rd-party sick pa	
7 Social security tips  10 Dependent care benefits  12a	11 Nonqu 134.4 5919.8 8922.4 850.0	13 Statutory er 14 Other ot	nployee her 3635	Retirement plan 3 X 7 . 74	3rd-party sick pa	
7 Social security tips 10 Dependent care benefits 12a C 12b D 12c DD 12d W	11 Nonqu 134.4 5919.8 8922.4 850.0	13 Statutory er 14 Other ot 15 3 0 2 0 . 4 ate wages, tips, etc.	nployee her 3635	Retirement plan 3 X 7 7 7 4	3rd-party sick pa	

Dept. of the Treasury - IRS

						21.12.11		
Copy C - F	FOR EMPLO	OYEE'S R	ECORDS ON	<b>ILY</b>	2022	OMB No. 1545-0008		
security number		Wages, tips, oth	•	2 Federal income tax withheld				
			3020.48	26447.61				
	047-73-7337 3 Soc		•	4 Socia	4 Social security tax withheld			
b Employer ID number  27 – 2220139  c Employer's name, address, and		147000.00			9114.00			
		Medicare wage: 1 ら	8940.35	6 Medicare tax withheld 2304.67				
1 ' '		iP code						
Progyny   1359 Br								
1335 BI	Caaway							
New Yor	k, NY 100	018						
	•							
d Control number								
41576 5	065							
' '	me, address, and 2	ZIP code						
Latha V								
	saic Way	`						
Smyrna,	GA 30080	J						
7 Social security	tins	8 Allocated t	ins	ΙαΔα	9 Advance EIC payment			
Todala dodality upo		o / moduled t	,p0	0710	ivanioo Ero payme	, n		
10 Dependent care benefits		11 Nonqualif	ied plans					
<sup>12a</sup> C		134.46		13 Statutory employee F		3rd-party sick pay		
12b D		5919.87	11.01	14 Other Other 3635		_		
120				er 3635	57.74			
DD DD		8922.48						
12d W		850.00						
GA 349	2121HN			53020.48		8126.08		
1 15 State Employer's State ID#		16 State	16 State wages, tips, etc.		17 State income tax			

19 Local income tax

N/A

Form W-2 Wage and Tax Statement

N/A

18 Local wages, tips, etc.

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N/A

20 Locality name