

Employee Reference Copy Wage and Tax Statement Copy C for employee's record Control number Dept. Employer use only NCT3/3VE 00TECH

Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XVI I COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839

Batch #05985

e/f Employee's name, address, and ZIP code HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE **NOBLESVILLE IN 46060**

b	Emplo	oyer's FED ID number 65-0161093	а	Empl			A number (-0132
1	Wage	s, tips, other comp.	2	Fede	ral	income	tax withheld
		61567.88					12307.60
3	Socia	I security wages	4	Socia	al s	security	tax withheld
		61567.88					3817.21
5	Medic	are wages and tips	6	Medi	cai	e tax wi	thheld
		61567.88					892.73
7	Socia	security tips	8	Alloc	ate	ed tips	
9			10	Deper	nde	ent care	benefits
11	Nonq	ualified plans			str	uctions fo	r box 12
14	Other		12				
٠.	•	6.50 SDI	12		<u> </u>		
		317.46 NY PFL	12		<u> </u>		
			13	Stat er	mp.	Ret. plan	3rd party sick pay
		Employer's state ID no	16	State	w	ages, tip	,
1	NΥ	65-0161093					61567.88
17 State income tax			18 Local wages, tips, etc.				
	5361.98						29231.00
19	19 Local income tax			20 Locality name			
		321.54	\perp			C-29	

61567.88 12307.60 Social security wages 61567.88 Social security tax withheld 3817.21 Medicare tax withheld 892.73 Medicare wages and tips 61567.88 Employer use only 000443 NCT3/3VE 00TECH Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XVI I

COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839

b	Employer's FED ID number 65-0161093	a Employee's SSA number XXX-XX-0132				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See	instructio	ns for box 12		
14	Other	12b				
	6.50 SDI	12c				
	317.46 NY PFL	12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/i	e/f Employee's name, address and ZIP code					

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE **NOBLESVILLE IN 46060**

15 State NY	Employer's state ID no. 65-0161093	16 State wages, tips, etc. 61567.88
17 State	income tax	18 Local wages, tips, etc.
	5361.98	29231.00
19 Local	income tax 321.54	20 Locality name C-29
	Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu 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	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	62,129.16	62,129.16	62,129.16	62,129.16
Less Other Cafe 125	561.28	561.28	561.28	561.28
Reported W-2 Wages	61,567.88	61,567.88	61,567.88	61,567.88

2. Employee Name and Address.

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE NOBLESVILLE IN 46060

2 Federal income tax withheld

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6156	12307.60						
	Social security wages 61567.88			4 Social security tax withheld 3817.21			
5 Medicare wages and 6156	tips 7.88	6 Medic	are tax w	ithheld 892.73			
d Control number	Dept.	Corp.	Emplo	yer use only			
000443 NCT3/3VE 0	00TECH		T				
c Employer's name, ad	ldress, aı	nd ZIP cod	le				
ADP TOTALSOURCE FL XVI I NC COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839							
b Employer's FED ID n 65-0161093		a Emplo	yee's SS XXX-X	A number X-0132			
7 Social security tips			ted tips				
9		10 Depen	dent care	benefits			
11 Nonqualified plans	***************************************	12a					
14 Other		12b					
6.50 SDI		12c					
317.46 NY	PFL	12d					
		13 Stat emp	o. Ret. plan	3rd party sick pay			
e/f Employee's name, ad	ddress ar	nd ZIP cod	le	1			
HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE NOBLESVILLE IN 46060							
15 State Employer's sta NY 65-0161093		16 State	wages, ti	ps, etc. 61567.88			
17 State income tax	4 00	18 Local	wages, ti	• '			
19 Local income tax	1.98	20 Locali	ty name	29231.00			
	1.54	20 Locali	C-29				
NY.State	Re	ference	Co	ру			

Wage and

employee's State Income Tax

Statement

1	Wages, tips, other 615	omp. 67.88	2	2 Federal income tax withheld 12307.60		
3	Social security wages 61567.88			4 Social security tax withheld 3817.21		
5	Medicare wages an 615	d tips 67.88	6	Medica	are tax withheld 892.73	
d	Control number	Dept.		Corp.	Employer use only	
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С	Employer's name, a	ddress. ar	nd	ZIP cod	е	

ADP TOTALSOURCE FL XVI I NC COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839

b	Employer's FED ID number 65-0161093	a Employee's SSA number XXX-XX-0132
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	6.50 SDI	12c
	317.46 NY PFL	12d
		13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE **NOBLESVILLE IN 46060**

15 State NY	Employer's state ID no. 65-0161093	. 16 State wages, tips, etc. 61567.88		
17 State	income tax	18 Local wages, tips, etc.		
	5361.98	29231.00		
19 Loca	l income tax	20 Locality name		
321.54		C-29		
	NV State Filis	ing Copy		

Wage and

Statement Copy 2 to be filed with employee's State Income Tax

	City	or	Local	Refere	nce	Сору	
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Copy 2 to	be filed wi	th emp	loyee's City	or Local Ir	ncome Tax	No. 1545- Return.	5000
d Cont	rol numl	oer	Dept.	Corp.	Emp	oloyer use	only
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Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XVI I NC COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839

Batch #05985

e/f Employee's name, address, and ZIP code

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE NOBLESVILLE IN 46060

b	Emplo	yer's FED ID		a Employee's SSA number					
		65-016109				X	(XX-X	(-0132	2
1	Wage	s, tips, other o	comp.	2	Feder	al	income	tax with	nheld
		615	67.88					12307	7.60
3	Socia	security wag	es	4	Socia	ıls	security	tax with	held
		615	67.88					3817	7.21
5	Medic	are wages an	d tips	6	Medic	aı	e tax wi	thheld	
		615	67.88					892	2.73
7	Socia	security tips		8 Allocated tips					
9				10	Depe	nd	ent care	benefit	s
11	Nonq	ualified plans		12a	See in	str	uctions fo	r box 12	
11	Other		_	12k					
'*	Other		Ŀ	120	:				
			-	120		<u>_</u>			
				13	Stat en	np.	Ret. plan	3rd party	sick pay
		Employer's s 000692680		16	State	w	ages, tip	s, etc.	
17 State income tax			18	Local	W	ages, tip	s, etc. 2923 1	1.00	
19	19 Local income tax 321.54			20	Local		name C-29		

1	1 Wages, tips, other comp. 61567.88			Federa	l income tax withheld 12307.60
3 Social security wages 61567.88			4	Social	security tax withheld 3817.21
5	5 Medicare wages and tips 61567.88			Medica	are tax withheld 892.73
d	Control number	Dept.		Corp.	Employer use only
00	0443 NCT3/3VE	00TECH			Т

c Employer's name, address, and ZIP code

ADP TOTALSOURCE FL XVI I NC COMMONBOND, INC. 10200 SUNSET DRIVE MIAMI FL 33173-1839

b	Employer's FED ID number 65-0161093	a Employee's SSA number XXX-XX-0132		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE NOBLESVILLE IN 46060

15 State	Employer's 00069268	state ID no.	16 State wages, tips, etc.	
1114	00003200	00 001		
17 State income tax			18 Local wages, tips, etc.	
				29231.00
19 Local income tax			20 Locality name	
		321.54		C-29
	City or	Local	Filing (Сору
14/	1	Vage ar	nd Tax	2022

Statement
Copy 2 to be filed with employee's City or Local Income Tax Retu

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.

C-29 Local Wages, Tips, Etc. Box 18 of W-2 29,231.00 29,231.00

Gross Pay
Reported W-2 Wages

2. Employee Name and Address.

HARSHAVARDHAN R PENUBADI 9743 PRAIRIE SMOKE DRIVE NOBLESVILLE IN 46060

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Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of vour tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You Box 12. The following list explains rite codes shown in Box 12. The may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Peferrals under code H are limited to \$7,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

 $\mbox{\bf P-}\mbox{\bf Excludable}$ moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA - Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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 on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.