| Copy B To Be F FEDERAL Tax R | filed with leturn. | Emplo | yee's | 20 : | 22 IB No. 1545-0008 | Copy City, | / 2 To Be Fi or Local Inc | led W | /ith Emp Tax Ret | loyee's State urn. | , 202 OME |
|--|--------------------------------|-------------------------------------|---------------------|--------------------------------------|--------------------------------|----------------|------------------------------------|----------------------------------|----------------------------|------------------------|------------------|
| a Employee's SSN | 1 Wages, | | comp. 3347.55 | Federa | l income tax withheld 32165.00 | | loyee's SSN | 1 Wag | ges, tips, oth 1 | ner comp. 58347.55 | 2 Federal |
| 719-02-2475 | 3 Social se | 3 Social security wages 4 147000.00 | | Social security tax withheld 9114.00 | | 719-02-2475 | | 3 Social security wages 147000.0 | | | 4 Social s |
| b Employer ID no. (EIN) $46-5498896$ | 5 Medicare | | nd tips 6 | Medica | are tax withheld 2296.04 | | oyer ID no. (EIN) 5498896 | 5 Med | licare wage | s and tips 58347.55 | 6 Medica |
| c Employer's name, ac EMAESTRO | | | ES INC | | | c Emp EM | loyer's name, ad AESTRO | dress, a ΓΕCΗ | and ZIP cod | e SIES INC | ı |
| 141 NEW R | D SUIT | TE 20 | 8 | | | 14 | 1 NEW RI |) ST | JITE 2 | 108 | |
| PARSIPPANY | | | NJ | 07054 | PARSIPPANY | | | | NJ | | |
| d Control number | | | | | | d Cont | rol number | | | | |
| ANUDEEP V 3120 NE J HILLSBORO | OHN OI | | AVE APT : | # OR | 97124 | 31 | UDEEP VI 20 NE JO LLSBORO | | | I AVE APT | # OR |
| 7 Social security tips | 8 A | Allocated ti | ps | 9 | | 7 Socia | al security tips | | 8 Allocate | ed tips | 9 |
| 10 Dependent care ben | efits 11 N | Nonqualifie | ed plans | 12a C | ode See inst. for box 12 | 10 Depe | endent care bene | fits | 11 Nonqua | lified plans | 12a Co |
| 13 Statutory employee Retirement Plan Third-party sick pay | 14 Other OR STT W OR STT | _ | 158347.55 158.29 | 12b C 12c C 12d C | ode | Retireme | employee nt Plan ty sick pay | | Her TT Wages TTT W/H | 158347.5 158.2 | |
| OR 1751705-5 15834 | | 7.55 13532.00 | | OR 1751705-5 15834 | | | 7.55 | | | | |
| 15 State Employer's s | state ID numb | ber 16 | State wages, tips, | etc. | 17 State income tax | 15 State | Employer's stat | e ID nu | mber | 16 State wages, tip | os, etc. |
| 18 Local wages, tips, et | tc. 19 l | Local incor | me tax | 20 Loca | ality name | 18 Loca | al wages, tips, etc | c . | 19 Local in | come tax | 20 Locality |
| Form W-2 Wage and Ta This information is being furr | ax Statement | <u> </u> | | | Dept. of the Treasury - IRS | Form W | /-2 Wage and Ta | v Ctoto | | | |

Dept. of the Treasury - IRS

17 State income tax

13532.00

2022 OMB No. 1545-0008

6 Medicare tax withheld

12b Code

12c Code

12d Code

20 Locality name

2 Federal income tax withheld 32165.00 4 Social security tax withheld

07054

97124

12a Code See inst. for box 12

9114.00

2296.04

Suff.

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.

| Copy C For EMI (See Notice to E | | RECORDS. | 2022 OMB No. | . 1545-0008 | | |
|------------------------------------|---------------------|------------------------|--------------------------------|------------------|--|--|
| ` | 1 Wages, tips | other comp. | | me tax withheld | | |
| a Employee's SSN | | 158347.55 | 32165.00 | | | |
| 719-02-2475 | 3 Social secur | | 4 Social security tax withheld | | | |
| | | 147000.00 | 9114.00 | | | |
| b Employer ID no. (EIN) | 5 Medicare wa | | 6 Medicare tax withheld | | | |
| 46-5498896 | | 158347.55 | | 2296.04 | | |
| c Employer's name, ac EMAESTRO | | | | | | |
| 141 NEW R | D SUITE | 208 | | | | |
| | PARSIPPANY NJ 07054 | | | | | |
| d Control number | | | | | | |
| e Employee's name, ac | | | | Suff. | | |
| 3120 NE J | OLS | EN AVE APT | # | | | |
| HILLSBORO | | | OR 9' | 7124 | | |
| 7 Social security tips | 8 Allo | cated tips | 9 | | | |
| 10 Dependent care bene | efits 11 Non | qualified plans | 12a Code See inst. for box 12 | | | |
| 13 | 14 Other | | 12b Code | | | |
| Statutory employee | OR STT Wag | es 158347.5 H 158.2 | | | | |
| Retirement Plan | | | 12d Code | 12d Code | | |
| Third-party sick pay | | 1 | | | | |
| OR 1751705 | 5-5 | 15834 | 7.55 | 13532.00 | | |
| 15 State Employer's stat | e ID number | 16 State wages, tip | os, etc. 17 S | state income tax | | |
| 18 Local wages, tips, etc | c. 19 Loc | al income tax | 20 Locality nan | ne | | |
| | | | | | | |

REV 12/09/22 QBDT

| Copy 2 To Be F City, or Local In | iled With Emp | oloyee's State | | 22 3 No. 1545-0008 | | |
|---|----------------------------------|--|-------------------------------|--------------------------------|--|--|
| a Employee's SSN | 1 Wages, tips, oth | her comp. | 2 Federal income tax withheld | | | |
| a Employee 3 CON | 1 | 58347.55 | 32165.00 | | | |
| 719-02-2475 | 3 Social security | ial security wages | | 4 Social security tax withheld | | |
| b Employer ID no. (EIN) | 1 | 147000.00 | | 9114.00 | | |
| Employor IS no. (Emy | 5 Medicare wage | s and tips | 6 Medicare tax withheld | | | |
| 46-5498896 | 1 | 58347.55 | 2296.04 | | | |
| c Employer's name, ac EMAESTRO | Idress, and ZIP coo TECHNOLOC | de GIES INC | | | | |
| 141 NEW R | D SUITE 2 | 208 | | | | |
| PARSIPPAN | Y | | NJ | 07054 | | |
| d Control number | | | | | | |
| e Employee's name, a ANUDEEP V 3120 NE J | ATTIKUTI | | # | Suff. | | |
| HILLSBORO | | | OR | 97124 | | |
| 7 Social security tips | 8 Allocate | 8 Allocated tips | | 9 | | |
| 10 Dependent care bene | efits 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | |
| 13 | | | | | | |
| | 14 Other | | 12b Co | | | |
| | OR STT Wages | 158347.5 | 5 | ode | | |
| Statutory employee | | | 5 | ode | | |
| Statutory employee | OR STT Wages | | 5 | ode ode | | |
| Statutory employee Retirement Plan | OR STT Wages | | 12c Co | ode ode | | |
| Statutory employee Retirement Plan | OR STT Wages OR STT W/H | | 12c Cc | ode ode | | |
| Statutory employee Retirement Plan Third-party sick pay | OR STT Wages OR STT W/H | 158.29 | 12c Cc 12d Cc | ode ode | | |
| Statutory employee Retirement Plan Third-party sick pay OR 175170! | OR STT Wages OR STT W/H | 158.29 15834 16 State wages, tip | 12c Cc 12d Cc | ode ode 13532.00 | | |
| Statutory employee Retirement Plan Third-party sick pay OR 175170! | OR STT Wages OR STT W/H | 158.29 15834 16 State wages, tip | 12c Cc 12d Cc 7 . 5 5 | ode ode 13532.00 | | |