FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this
separated by perioraliums. The
Life Cobles are for your can recurring,
be blue copy is for your records.
coneral instructions for these forms,
including an explanation of the letter
codes used in box 12 are on the other
side of the page.

D. CONTROL NU	MBER This information	n is being furnished to the ue Service	2022	OMB NO. 1	545 - 0008	1. W	AGES, TIPS, OTHER COMPENSATI	7269.24		ECURITY TAX WITHHELD
62-15	DENTIFICATION NUMBER (EIN)		XXX-XX	-1331	NUMBER	3. 50	CIAL SECURITY WAGES	7269.24		450.69
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE UNUM GROUP CORPORATION							EDICARE WAGES AND TIPS	7269.24		105.40
1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402			13. Statutory	Retirement Third-Party Plan Sick Pay		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS		
			Employee			9.			10. DEPEND	ENT CARE BENEFITS
	FIRST NAME AND INITIAL NA SRI HAR D	LASTNAME			SUFF.	11. N	ONQUALIFIED PLANS		12 a-d See	Instructions for box 12
3111 APT 2	COOL BRIDGE	CIR				14.0	THER			
F. EMPLOYEE'S	ADDRESS AND ZIP CODE	The second second				Section 1	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOM	TAX	20. LOCALITY NAME
SC STATE	253673966	16. STATE WAGE	7269.24	17. STATE INC	470.	34				

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D. CONTROL NUMBER	This information is being furnished to the		OMB NO. 1545 - 0008	CURITY NUMBER 3. SOCIAL SECURITY WAGES		2 FEDERAL INCOME TAX WITHHELD 1061	
			E'S SOCIAL SECURITY NUMBER			4. SOCIAL SECURITY TAX WITHHELD	450.69
62-1598430 XXX-XX-1331 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	7269.24	8. MEDICARE TAX WITHHELD	105.40
UNUM GROUP	CORPORATION			T ACCIAL SECURITY TIPS		8. ALLOCATED TIPS	· New York Control of the Control of

7. SOCIAL SECURITY TIPS

11. NONQUALIFIED PLANS

18. LOCAL WAGES, TIPS, ETC.

14. OTHER

CHATTANOOGA, TN 37402 LAST NAME E. EMPLOYEE'S FIRST NAME AND INITIAL KRISHNA SRI HAR DEVARAKONDA 3111 COOL BRIDGE CIR APT 210 FORT MILL, SC 29715

1 FOUNTAIN SQUARE

F. EMPLOYEE'S ADDRESS AND ZIP CODE

SC

16. STATE WAGES, TIPS, ETC. EMPLOYER'S STATE I.D. NO. 15, STATE 7269.24 253673966 SC Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

2022

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17. STATE INCOME TAX

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20. LOCALITY NAME

Third-Party Sick Pay

10. DEPENDENT CARE BENEFITS

12. a-d See Instructions for box 12

13. Statutory

19. LOCAL INCOME TAX

Employee

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D. CONTROL NUMBER	This information is being furnished to the Internal Revenue Service OMB NO. 1545 - 0008			1. WAGES, TIPS, OTHER COMPENSATION 7269.	2. FEDERAL INCOME TAX WITHHELD 1061.36
62-1598430	N NUMBER (EIN)	A EMPLOYEE'S	social security number -1331	3. SOCIAL SECURITY WAGES 7269	4. SOCIAL SECURITY TAX WITHHELD 450.69
C. EMPLOYER'S NAME, ADDRE	ESS, AND ZIP CODE			5. MEDICARE WAGES AND TIPS 7269	. 24 6. MEDICARE TAX WITHHELD 105.40
UNUM GROUP CORPORATION 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
				9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KRISHNA SRI HAR DEVARAKONDA				11. NONQUALIFIED PLANS	12. a-d See Instructions for box 12
3111 COOL APT 210 FORT MILL,	BRIDGE CIR			14. OTHER	13. Statutory Retirement Third-Party
EMPLOYEE'S ADDRESS AND	ZIP CODE				Employee Plan Sick Pay

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

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D. CONTROL	NUMBER	This information is being	A CONTRACTOR OF THE PARTY OF TH	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPE	7269.24	2 FEDERAL INCOME TAX WITHHELD 1061.3	
	RIDENTIFICATION N	UMBER (EIN)	XXX-XX-	CIAL SECURITY NUMBER 1331	3. SOCIAL SECURITY WAGES	7269.24	4. SOCIAL SECURITY TAX WITHHELD 450.69	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE UNUM GROUP CORPORATION 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402					5. MEDICARE WAGES AND TIPS	7269.24	6. MEDICARE TAX WITHHELD 105.4	
					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
					9. 10. DEPENDENT CARE BENEFITS			
The second secon	S FIRST NAME AND	HAR DEVAF	RAKONDA	SUFF.	11. NONQUALIFIED PLANS		12. a-d See instructions for box 12	
3111 COOL BRIDGE CIR APT 210 FORT MILL, SC 29715					14. OTHER			
	S ADDRESS AND ZIP						13. Statutory Retirement Third-Party Employee Plan Sick Pay	
S, STATE	EMPLOYER'S STA	TE I.D. NO.	16. STATE WAGES, TIPS, ETC.	是一个人的人,也不是一个人的人,也是一个人的人的人。 第二章	18. LOCAL WAGES, TIP	S, ETC. 19. LOCAL INCOME	TAX 20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

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Visit www.irs.gov/efile for e-file details.

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