								Federal Bo	x 1	Soc. Sec. Box 3 &	. 7 Me	dicare Box 5
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							es ts	6892	22.88	68922.	88	68922.88
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.							up Term Life 93.6 option			93.	60	93.60
Form W-2 Wage Copy C—For EMF	and Tax Stateme	nt 2022	ou rail to i	ероге те.		Deferred Co Section 125 Other Preta			2.50) 8.53)	(668.5	3)	(668.53)
						W-2 Wages	, .3.	6258	35.45	68347.	95	68347.95
D. CONTROL NUMBER 000032752701	OMP NO 1545 0009				D. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 62585.45			2.	2. FEDERAL INCOME TAX WITHHELD 8939.66		
B. EMPLOYER IDENTIFICA 56-1926233	TION NUMBER (EIN)	A. EMPLOYEE'S 9 162-83-8232	SOCIAL SECU	JRITY NUM	BER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 4237.57				-		
C. EMPLOYER'S NAME, A	,	ODE				5. MEDICARE	WAGES AND TIP	es 8347.95	6.	MEDICARE TAX WIT		1.05
1200 SW 145th Aver Pembroke Pines FL 3						7. SOCIAL SEC	CURITY TIPS		8.	ALLOCATED TIPS		
						9.			10.	DEPENDENT CARE E	BENEFITS	
E. EMPLOYEE'S FIRST NA Dinesh Chandra	ME AND INITIAL	LAST NA Patil	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.	a-d See instructions fo C	r box 12	93.60
1323 W Villa Theres Phoenix AZ 85023 USA	a Dr					14. OTHER				D AA DD		5762.50 1100.00 3732.31
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13.	STATUTORY RETIR		THIRD-PARTY SICK PAY
15. STATE EMPLOYER AZ 0561926	'S STATE ID NUMBER 233	16. STATE WAGE	62585.		STATE INCOME T	AX 1687.31	18. LOCAL WAG	ES, TIPS, ETC.	19. LO	CAL INCOME TAX	20. LOCALI	TY NAME

D. CONTROL NU 00003275270			2022	OMB NO.	1545-0008	1. WAGES, T	PS, OTHER COMPENSATIO 62585.45		2. FEDERAL INCOME TA	X WITHHELD 8939.66	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
56-1926233 162-83-8232						68347.95			4237.57		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
TPF Software Inc							68347.95	5	991.05		
1200 SW 145th Avenue Pembroke Pines FL 33027					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Dinesh Chandra Patil					11. NONQUALIFIED PLANS			12.a-d C	93.60		
1323 W Villa	1323 W Villa Theresa Dr								D	5762.50	
Phoenix AZ 8	Phoenix AZ 85023								AA DD	1100.00 3732.31	
USA											
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	THIRD-PARTY SICK PAY		
15. STATE EN	MPLOYER'S STATE ID NUMBER	16. STATE WAGES	S, TIPS, ETC	C. 17. S	TATE INCOME T	AX	18. LOCAL WAGES, TIPS,	ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 05	561926233		62585.4	45		1687.31					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000032752		2	2022 OM	IB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 6258	SATION S5.45	2. FEDERAL INCOME TA	X WITHHELD 8939.66		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
56-1926233 162-83-8232						6834	7.95	4237.57			
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
TPF Softwar	ire Inc					6834	7.95		991.05		
1200 SW 145th Avenue Pembroke Pines FL 33027						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
								10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE Dinesh Cha	e'S FIRST NAME AND INITIAL andra	LAST NAME Patil		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	93.60		
1323 W Villa Theresa Dr Phoenix AZ 85023					14. OTHER			D AA DD	5762.50 1100.00 3732.31		
USA F. EMPLOYEE	E'S ADDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD-PARTY		
	EMPLOYER'S STATE ID NUMBER 0561926233	,	TIPS, ETC. 62585.45	17. STATE INCOME	TAX 1687.31	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL	NUMBER				1. WAGES, T	PS, OTHER COMPE	NSATION	2. FEDERAL INCOME T	AX WITHHELD		
000032752		2022	OMB	ИВ NO. 1545-0008	2	•	585.45		8939.66		
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL S	SECURITY N	UMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
56-1926233 162-83-8232						683	347.95		4237.57		
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD		
TPF Softwa	are Inc					683	347.95		991.05		
1200 SW 145th Avenue Pembroke Pines FL 33027						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for			
Dinesh Cha	andra	Patil						C	93.60		
1222 W V	illa Theresa Dr				14. OTHER			D	5762.50		
Phoenix AZ								AA	1100.00		
USA	2 03023							DD	3732.31		
OSA								13. STATUTORY RET	REMENT X THIRD-PARTY		
F. EMPLOYEE	E'S ADDRESS AND ZIP CODE					EMPLOYEE PLAI	N SICK PAY				
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	, ETC.	17. STATE INCOME 1	ГАХ	18. LOCAL WAGES	S, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	0561926233	625	85.45		1687.31						