IQVIA INC 1510 VALLEY CENTER PKWY STE 130 STE 130 BETHLEHEM PA 18017

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SIVA RAMA KRISHNA GHANTA 4734 S PLUTO MESA AZ 85212

Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax r
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
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 seamed for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.res.gov/EITC. See also Pub. 598. 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 tile 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-2 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-aponsored health coverage (if such cost is provided by the employer). The rep box 12, using code DD, of the cost of employer-aponsored health coverage is for your information only amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$3,114 in social security and/or Tier 1 milroad retirement (RFTA) taxes were withheld, you may be able to claim a credit for the excess against your feederal income tax. See the Form 1040 instructions. If you had more than ore allicad 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.

## 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 your 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.

see the Form 1440 instructions.

You must file Form 1378, 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 vages 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 (caleteria) 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 deleral under a nonqualified or secial 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 it you had a deterral and a distribution in the same calendary year, if you made a deterral 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 may need this information to complete your tax return. Elective deternals (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 \$2,0,500 (\$14,000 If you only have SIMPLE plans; \$23,500 for section 400(f) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

Nowever, 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 section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the section 401(k) of the sect

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 fligure 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)

(continued on back of Copy B)

## Instructions for Employee

Box 12 (continued)
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 instructions.

P—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.

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

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

-income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage se), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements. -Employer contributions (including amounts the employee elected to contribute using a section 125 (caleteria) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

De-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

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

-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

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

-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, nonfaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Ralizade employers use this box to report nationad retirement (RRTA) compensation, Ter 1 tax, Ter 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Nots: 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.

to the right is an explanation of your W-2 wages.  I lease note that the Gross amount may include adjustments. This information is being furnished to the Internal Revenue service. If you are required to file a tax return, a negligence renally or other sanction may be imposed on you if this income is taxable and you fail to report it.  Form W-2 Wage and Tax Statement 2022  Copy C—For EMPLOYEE'S RECORDS			Gross Wages Tabl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Preta/Wage Limit W-2 Wages	Federal Box 1 Soc. Sec. Box 3 and 7	Medicare Box 5		
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To the right is an explanation of your W-2 wages.			Federal Box 1		Medicare
Please note that the Gross amount may include adjustmen	its.	Gross Wages	124868.22	3 and 7 124868.22 12	Box 5 24868.22
This information is being furnished to the Internal Revenu		Txbl Benefits	124000.22	1240.00.22	
Service. If you are required to file a tax return, a negligen penalty or other sanction may be imposed on you if this in		Group Term Life	177.28	177.28	177.28
is taxable and you fail to report it.		Adoption			
Form W-2 Wage and Tax Statement 2022		Deferred Comp	(7726.19)	27.00	(742.00)
Copy C—For EMPLOYEE'S RECORDS		Section 125 Other Pretax/Wage Lim	(2742.00)	(2742.00) (2	(742.00)
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000648025701  B. EMILOVER DEVITIVATION NUMBER (BIN) 06-1506028  C. EMILOVERS NAME ADDRESS, AND ZIP CODE 10VIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMILOVERS FIRST NAME AND INITIAL SIVA RAMB KIRSH 4734 S. Pluto MESA AZ 85212 USA  F. EMILOVERS ADDRESS AND ZIP CODE 15 STATE 10061506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filled With Employee's State, City, or Local  D. CONTROL NUMBER 000648025701  B. EMILOVER STATE IN HUMBER (BIN) 0-1506026  FORM W-2 CANDERS AND ZIP CODE 15 STATE STATE WAGES.  D. CONTROL NUMBER 000648025701  B. EMILOVER STATE IN HUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NU	TIPS, ETC 114577	AB NO. 1545 - 0008  SUFF  31   17. STATE INCOME TAX  IX Return   2   2   2   3   3   10   1545 - 0008	3 SOCIAL SECURITY WAGES AND THE 7. SOCIAL SECURITY THPS 0 11. NONQUALIFIED PLANS 14. OTHER 15.21 15. LOCAL WAGES TIPS, OTHER COM	114577.31 122303.50 122303.50 122303.50 Depri	18056.63
000648025701  B. EMILOVER DEVITION NUMBER (EIN) 06-1506026  C. EMILOVERS NAME ADDRESS, AND ZIP CODE 10VIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Set 130 Bethlehem PA 18017  E. EMILOVERS FIRST NAME AND INITIAL SIVA RAMA Krish 4734 S. Pluto MESSA AZ 85212 USA  F. EMILOVERS ADDRESS AND ZIP CODE 19 STATE 20061506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local D. CONTROL NUMBER 00061506026  D. C. EMILOVER DENTIFICATION NUMBER (EIN) 06-1506026  C. EMILOVER DENTIFICATION NUMBER (EIN) 07-97- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	TIPS, ETC 114577	AB NO. 1545 - 0008  SUFF  31   17. STATE INCOME TAX  IX Return   2   2   2   3   3   10   1545 - 0008	3 SOCIAL SECURITY WAGES  5 MEDICARE WAGES AND TIPE  7 SOCIAL SECURITY TIPS  9  11. NONQUALIFIED PLANS  14. OTHER  1. WAGES, TIPS, OTHER COM  3. SOCIAL SECURITY WAGES	114577.31 122303.50 122303.50 122303.50 Dept	18056.63  * SOCIAL SECURITY TAX WITHHELD  * SECURITY TAX WITHHELD  * REDICARE TAX WITHHELD  * ALLOCATED TIPS  10 DEPENDENT CARE BENEFITS  12 set  C  177.28  D  7726.19  W  13 Shadory  Pagement  Serpely Serpely Serpely  AA  2491.34  13 Shadory  Pagement  D  **TOCOME TAX  **DICALITY NAME  2 FEDERAL INCOME TAX WITHHELD  1 8056.63  4 SOCIAL SECURITY TAX WITHHELD  7582.66  7582.67
000648025701  B. EMILOVER DEVITIVATION NUMBER (BIN) 06-1506028  C. EMILOVERS NAME ADDRESS, AND ZIP CODE 10VIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMILOVERS FIRST NAME AND INITIAL SIVA RAMB KIRSH 4734 S. Pluto MESA AZ 85212 USA  F. EMILOVERS ADDRESS AND ZIP CODE 15 STATE 10061506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filled With Employee's State, City, or Local  D. CONTROL NUMBER 000648025701  B. EMILOVER STATE IN HUMBER (BIN) 0-1506026  FORM W-2 CANDERS AND ZIP CODE 15 STATE STATE WAGES.  D. CONTROL NUMBER 000648025701  B. EMILOVER STATE IN HUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NUMBER (BIN) 0-1506026  D. CONTROL NUMBER 00-1506026  D. CONTROL NU	TIPS, ETC 114577	AB NO. 1545 - 0008  SUFF  31   17. STATE INCOME TAX  IX Return   2   2   2   3   3   10   1545 - 0008	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 11 NONQUALIFED PLANS 14 OTHER 18 LOCAL WAG 915.21 1 WAGES, TIPS, OTHER COM 3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP	114577.31 122303.50 122303.50 122303.50 Depri	18056.63  4 SOCIAL BECURITY TAX WITHHELD  7582.82  8 MEDICARE TAX WITHHELD  1773.40  8 ALLOCATED TIPS  10 DEPENDENT CARE BENEFITS  12 ad  C 177.28  D 7726.19  W 1999.92  AA 2491.34  13 Staklory Planment
O00648025701  B. EMILOVER DEVIDICATION NUMBER (EIN) O6-1506028  C. EMILOVER SAME ADDRESS, AND ZIP CODE I DAYA! INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMPLOYEE'S RISET NAME AND INITIAL SIVE ART SAME AND INITIAL SIVE EMPLOYEE'S AND ZIP CODE 19 STATE ATT SAME O061506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local D. CONTROL NUMBER O00648025701  B. EMILOVER IDENTIFICATION NUMBER (EIN) O6-1506026  C. SIMOVER'S NUMBER AND ZIP CODE I CVIA INC I COMPANY AND INITIAL SAME AND ZIP CODE I CVIA INC I CONTROL NUMBER O00648025701  B. EMILOVER SAME AND ZIP CODE I CVIA INC I C	TIPS, ETC 114577	AB NO. 1545 - 0008  SUFF  31   17. STATE INCOME TAX  IX Return   2   2   2   3   3   10   1545 - 0008	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 0 11. NONQUALIFED PLANS 14. OTHER 15 LOCAL WAC 1 WAGES, TIPS, OTHER COM 3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY TIPS 0	114577.31 122303.50 122303.50 122303.50 Depri	18056.63  4 SOCIAL SECURITY TAX WITHHELD 7582.82  6 MEDICARE TAX WITHHELD 1773.40  8 ALLOCATED TIPS 110 DEPENDENT CARE BENEFITS 112 44  C 177.28  D 7726.19  W 1999.92  AA 2491.34  13 Sandory Pan
O00648025701  B. EMILOVER DEVIDICATION NUMBER (EIN) O6-1506028  C. EMILOVER SAME ADDRESS, AND ZIP CODE I DAYA! INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMPLOYEE'S RISET NAME AND INITIAL SIVE ART SAME AND INITIAL SIVE EMPLOYEE'S AND ZIP CODE 19 STATE ATT SAME O061506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local D. CONTROL NUMBER O00648025701  B. EMILOVER IDENTIFICATION NUMBER (EIN) O6-1506026  C. SIMOVER'S NUMBER AND ZIP CODE I CVIA INC I COMPANY AND INITIAL SAME AND ZIP CODE I CVIA INC I CONTROL NUMBER O00648025701  B. EMILOVER SAME AND ZIP CODE I CVIA INC I C	TIPS, ETC 114577	SUFF.  31 17. STATE INCOME TAN  EX Return 202	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 0 11 NONQUALIFED PLANS 14 OTHER 15 LOCAL WAG 17 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY TIPS 9	114577.31 122303.50 122303.50 122303.50 Depri	18056.63  * SOCIAL SECURITY TAX WITHHELD  * ALLOCATED TIPS  10 DEPENDENT CARE SENEFITS  112 a-d  C  177.28  D  7726.19  W  1399.9.92  AA  2491.34  13 Stabstry Pannment Pannme
000648025701  B. EMILOVER DEVIDICATION NUMBER (EIN) 06-1506028  C. EMILOVER NAME ADDRESS, AND ZIP CODE 10VIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMILOVER'S PART TAME AND INITIAL SIVA RAMA KI'Sh 4734 S. Pluto MESA AZ 85212 USA  F. EMILOVER'S ADDRESS AND ZIP CODE 15 STATE BEMPLOYEE'S ADDRESS AND ZIP CODE 15 STATE DEMILOVER'S BUT TO NUMBER 000648025701  B. EMILOVER'S BUT TO NUMBER (EIN) 00-1506026  FORM W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local  D. CONTROL NUMBER 000648025701  B. EMILOVER'S BUT TO NUMBER (EIN) 06-1506026  S97-97- CLENIOVER'S BUT TO NUMBER (EIN) 06-1506026  S97-97- CLENIOVER'S BUT TO NUMBER (EIN) 06-1506026  G. ELINOVER'S BUT TO NUMBER (EIN) 06-1506026  G. ELINOVE	TIPS, ETC 114577	SUFF.  31 17. STATE INCOME TAN  EX Return 202	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 0 11. NONQUALIFED PLANS 14. OTHER 15 LOCAL WAC 1 WAGES, TIPS, OTHER COM 3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY TIPS 0	114577.31 122303.50 122303.50 122303.50 Depri	18056.63   18056.63
O00648025701  B. EMILOTER DEVITIONION NUMBER (BIN) O6-1506028  C. EMILOTER NAME ADDRESS, AND ZIP CODE (IQVIA INC 1510 Valley Center Pkwy Ste 130 Site 130 Bethlehem PA 18017  E. EMILOTES FIRST NAME AND INITIAL SIVA RAMB Krish 4734 S. Pluto MESA AZ 85212 USA  F. EMILOTES ADDRESS AND ZIP CODE SIS TIME O0061506026  FORT W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local  D. CONTROL NUMBER O00648025701  B. EMILOTER'S SAME ADDRESS AND ZIP CODE IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E. EMILOTER'S MARK ADDRESS AND ZIP CODE IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017	TIPS, ETC 114577	SUFF.  31 17. STATE INCOME TAN  EX Return 202	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 0 11 NONQUALIFED PLANS 14 OTHER 15 LOCAL WAG 17 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY TIPS 9	114577.31 122303.50 122303.50 122303.50 Depri	18056.63  * SOCIAL SECURITY TAX WITHHELD  * ALLOCATED TIPS  10 DEPENDENT CARE BENEFITS  12 ad  C 177.28  D 7726.19  W 1999.92  AA 2991.34  13 SIBABOY, PRINTINEL  2 FEDERAL INCOME TAX WITHHELD  2 FEDERAL INCOME TAX WITHHELD  2 FEDERAL INCOME TAX WITHHELD  3 SIBABOY, PRINTINEL  2 FEDERAL INCOME TAX WITHHELD  1 SOCIAL SECURITY TAX WITHHELD  4 SOCIAL SECURITY TAX WITHHELD  1 T773.40  8 ALLOCATED TIPS  10 DEPENDENT CARE BENEFITS  11 2 ad See INSTACTION for box 12  C 177.28  D 7726.19  W 1999.92  AA 2491.34
000648025701  B. EMILOTER DEVITIONION NUMBER (BIN) 06-1506028  C. EMILOTER NAME ADDRESS, AND ZIP CODE 1 CONTROL NUMBER 1 STATE 1 STATE   SMACHES SAND ZIP CODE 2 STATE   SMACHES SAND ZIP CODE 3 STATE   SMACHES SAND ZIP CODE 4 SMACHES SAND ZIP CODE 5 STATE   SMACHES SAND ZIP CODE 5 STATE   SMACHES SAND ZIP CODE 6 SMACHES SAND ZIP CODE 7 SMACHES SAND ZIP CODE 8 STATE   SMACHES SAND ZIP CODE 1 SMACH ZIP ZIP ZIP ZIP	TIPS, ETC OMES SOCIAL SECULDADA SECU	SUFF.  31 17. STATE INCOME TAX B NO. 1545 - 0008  SUFF.  31 17. STATE INCOME TAX SUFF.	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY TIPS 6 11 NONQUALIFED PLANS 14 OTHER 15 LOCAL WAGES 17 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY WAGES 11 NONGUALIFED PLANS 11 NONGUALIFED PLANS 14 OTHER	114577.31 122303.50 122303.50 122303.50 122303.50 14577.31 122303.50 122303.50	18056.63   18056.63
000648025701  B EMPLOYEER DEVELOPMENT NUMBER (EIN) 06-1506026  C EMPLOYEER MANEL ADDRESS, AND ZIP CODE 1QVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017  E EMPLOYEES FIRST NAME AND INITIAL SIVA RAME KISH 4734 S PILLO MESA AZ 85212 USA  F EMPLOYEES ADDRESS AND ZIP CODE 15 STATE DEVELOPMENT STATE ID NUMBER 000648025701  B EMPLOYEE SHOP STATE SHOP STATE STAT	TIPS, ETC 114577	SUFF.  31 17. STATE INCOME TAX B NO. 1545 - 0008  SUFF.  31 17. STATE INCOME TAX SUFF.	3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP! 7 SOCIAL SECURITY TIPS 6 11 NONQUALIFED PLANS 14 OTHER 15 LOCAL WAG 3 SOCIAL SECURITY WAGES 5 MEDICARE WAGES AND TIP 7 SOCIAL SECURITY WAGES 11 NONQUALIFED PLANS 11 NONQUALIFED PLANS 14 OTHER	114577.31 122303.50 122303.50 122303.50 Dept	18056.63   18056.63