

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 HONEYWELL INTERNATIONAL INC
 855 S. MINT ST.
 17TH FLOOR PAYROLL
 CHARLOTTE NC 28202

e Employee's name, address, and ZIP code
 DINESH KUMAR PENTAPALLI
 9919 RICHMOND AVE
 APT 801
 HOUSTON TX 77042

| | | |
|---|---|--|
| 7 Social security tips | 1 Wages, tips, other comp. 104407.30 | 2 Federal income tax withheld 12258.69 |
| 8 Allocated tips | 3 Social security wages 104407.30 | 4 Social security tax withheld 6473.25 |
| 9 | 5 Medicare wages and tips 104407.30 | 6 Medicare tax withheld 1513.91 |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 C 56.52 |
| 13 Statutory employee Retirement plan Third-party sick pay Suff. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 14 Other | 12b W 4390.00 |
| b Employer identification number (EIN) 22-2640650 | | 12c AA 7684.54 |
| a Employee's social security no. 718-52-1682 | | 12d DD 10609.12 |
| 15 State Employer's state ID no. KS 036222640650F01 | 16 State wages, tips, etc. 5195.44 | 17 State income tax 271.00 |
| | 18 Local wages, tips, etc. | 19 Local income tax |
| | | 20 Locality name |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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