1 Wages, tips	s, other compensation		2 Federal Inco	me tax withheld	
		114413.71			17446.38
3 Social secu	irity wages		4 Social securi	ty tax withheld	
		121689.43			7544.74
5 Medicare w	ages and tips		6 Medicare tax	withheld	
		121689.43			1764.50
a Employee's	s SSA number		Employer use	only	
648-58-6	3708				
b Employer's	FED ID number		d Control num		
3511400			00122292		
: Employer's	name, address, and ZI	P code			
	Lincoln Nationa	I Corporation	า		
	Agent for Linc N				
	PO Box 21008			008	
	1 C Box 21000	01001100010	110 21 120 1	000	
7 Social secu	rity tipo		8 Allocated tips		
1 SUCIAI SECU	inty ups		o Allocated tips	,	
9			10 Dependent	care benefits	
11 Nonqualifi	ed plans		· ·	ctions for box 12	64.80
13 Statutory	Retirement Third	-Party	12b		
13 Statutory Employee	plan Sick	l-Party pay	D	1	7275.72
14 Other			12c		
			12d	1	
	ee's first name and initi	al Last nam		<u> </u>	Suff.
e Employe	Tejaswaroop V				Cull.
	1713 Prairie Clo				
	Prosper TX 750				
		10			
f Employee's 15 State	address and ZIP code Employer's s		18 Local wage	e tine etc	
15 State	Employerss		TO LOCAL Wage	3, 1193, 610	
16 State wag	es, tips, etc.		19 Local incom	ie tax	
17 State inco	me tax		20 Locality nar	ne	
Form	OMB. No. 1545-000	18	Dept of th	o Troasury - Intornal	Revenue
W-2	Wage and T Statement		Service. T	e Treasury - Internal his information is bei you are required to i ce penalty or other s n you if this income report it.	ing furnished to
vv-2	Statement	^a 202	3 the IRS. If a negliden	you are required to t ce penalty or other s	anction may be
Copy C for Er	mployee's records		imposed o	n you if this income	is taxable and
<u> </u>			you iaii lu	oport n.	
1 Wages, tips	s, other compensation	44440 74	2 Federal Inco	me tax withheld	47440.00

	114413.71			17446.38
3 Social security wages		4 Social securi	ty tax withheld	
	121689.43			7544.74
5 Medicare wages and tips		6 Medicare tax	withheld	
	121689.43	-		1764.50
a Employee's SSA number		Employer use	oniy	
648-58-6708				
5 Employer's FED ID number 351140070		d Control num 00122292		
c Employer's name, address, and ZII	^P code	00122292	-	
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Agent for Linc N				
PO Box 21008 (Feensboro	NC 27420-1	1008	
7 Social security tips		8 Allocated tips	6	
9		10 Dependent	care benefits	
Ŭ		- Dependent	ouro periento	
11 Nonqualified plans		12a See instru C	ctions for box 12	64.80
13 Statutory Retirement Third- Employee plan Sick	-Party Day	12b	1	7075 70
	Jay	D		7275.72
14 Other		12c	1	
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		120	1	
e Employee's first name and initia	I Last nam	l	I	Suff.
Tejaswaroop Va				Call.
1713 Prairie Clo				
Prosper TX 75078				
f Employee's address and ZIP code 15 State Employer's st	ate ID	18 Local wage	s, tips, etc	
16 State wages, tips, etc.		19 Local incom	ne tax	
17 State income tax		20 Locality nar	ne	
Form OMB. No. 1545-0008	3	Dopt of t	he Treasury - Interna	l Povonuo
W-2 Wage and T Statement	ax ooo	Service	ne measury - milema	Trevenue
Statement	~~ 202	5		

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Wages, tips, other compensation		2 Federal Income ta	ax withheld
	114413.71		17446.38
Social security wages		4 Social security tax	x withheld
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Medicare wages and tips		6 Medicare tax with	held
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Employee's SSA number		Employer use only	
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Employer's FED ID number		d Control number	
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PO Box 21008	Greensboro	NC 27420-1008	3
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f Employee's	address and ZIP code	
15 State	Employer's state ID	18 Local wages, tips, etc
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16 State wag	les, tips, etc.	19 Local income tax
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Form	OMB. No. 1545-0008	
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VV-Z	Wage and Tax 202 Statement 202	3 Service
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1 Wages, tips, other compensation	2 Federal Income tax withheld		
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114413.71	17446.38		
3 Social security wages	4 Social security tax withheld		
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5 Medicare wages and tips	6 Medicare tax withheld		
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a Employee's SSA number	Employer use only		
648-58-6708			
b Employer's FED ID number	d Control number		
351140070	00122292		
c Employer's name, address, and ZIP code			
Lincoln National Corporation Agent for Linc Nat Life Ins Co PO Box 21008 Greensboro NC 27420-1008			
7 Social security tips	8 Allocated tips		
	40 Demondent and have fits		
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11 Nonqualified plans	12a See instructions for box 12 C 64.80		
13 Statutory Retirement Third-Party Employee plan Sick pay	D 7275.72		
14 Other	12c		
	12d		
	120		
e Employee's first name and initial Last name	ne Suff.		
Tejaswaroop Vankamamid			
1712 Droirio Clover Bood			

1713 Prairie Clover Road	
Prosper TX 75078	

f Employee's	address and ZIP code			
15 State	Employer's state ID	18 Lo	ocal wages, tips, etc	
16 State was	es tins etc	1017	ocal income tax	
16 State wages, tips, etc.		15 LC	19 Local Income tax	
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Form	OMB. No. 1545-0008		Dept. of the Treasury - Internal Revenue	
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Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return