Employer's Name, Address and ZIP C	1. Wages, Tips, Other Compensation		2. Federal Income Tax Withheld				
METLIFE AGENT / LONZA USA, INC. 5950 AIRPORT ROAD ORISKANY NY 13424		10,749.96			950.37		
		3. Social Security Wages		4. Social Security Tax Withheld			
		10,749.96		666.50			
		5. Medicare Wages		6. Medicare Tax Withheld			
		10,749.96		155.89			
Group/Sub/Branch Employer's Identification Number		Employee's Social Security Number		14. TIER 1 EMPLOYEE TAX:			
0317858 0011 0001	0317858 0011 0001 13-5581829		447-27-7051		TIER 1 EMPLOYEE MEDICARE TAX:		
Employee's Name, Address and ZIP C	ode.		Y-3				
SRILATHA YARAVA		1	- May 1945				
2002 GRANITE PASS DR PEARLAND		12a. (J) Excluded From Wages 14a, Included in		-			
		19.27 10,749.96 10,769.23					
TX 77581		13. Statutory Retirem	sick pay				
15. State Employers State ID No.	16. State Wages, Tips, Etc.	17. State Tax Withheld	[X]	10 1001 10	ages, Tips, Etc. 19. Local	Income Tax	
15. State Employers State ID No.	To. State Wages, Tips, Etc.	17. State Tax vy)thheid	20. Locality Name	18, Local W	ages, Tips, Etc. 13. Local	nicome 12	
					Department of	the Treas	
		's records. This information uired to file a tax return, a ne			enue Internal Payen		
		income is taxable to you an			The second se	Displace 1	
			V 1998			30%	
OMB NO. 1545-0008			Form	W-2 Wage	and Tax Statemen	nt 202	
Employer's Name, Address and ZIP Co	1, Wages, Tips, Other C			2. Federal Income Tax Withheld			
METLIFE AGENT / LONZA USA, INC.		10,749.96		950.37			
5950 AIRPORT ROAD		3. Social Security Wages		4. Social Security Tax Withheld			
ORLSKANY NY 13424		10,749.96		666.50			
Group/Sub/Branch Employer's Identification Number		5. Medicare Wages		6. Medicare	6. Medicare Tax Withheld		
		10,749.96		155.89			
		Employee's Social Security Number		14. TIER 1 EMPLOYEE TAX:			
0317858 0011 0001 13-5581829		447-27-7051		TIER 1 EMPLOYEE MEDICARE TAX:			
Employee's Name, Address and ZIP C		147 27 7031	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
SRILATHA YARAVA			a constitution in the same	and the same of the			
2002 GRANITE PASS DR PEARLAND TX 77581		12s (I) Excluded From W	Vanes 14s Included in	n Wagne	14b. Total Benefits Paid	-	
		12a. (J) Excluded From Wages 14a. Included in 19.27		749.96			
		13. Statutory Retirem		749.90	10,709.23		
1X 77501		employee plan	sick pay				
15. State Employers State ID No.	16. State Wages, Tips, Etc.	17. State Tax Withheld	20. Locality Name	18. Local Was	ges, Tips, Etc. 19. Local Inc	ome Tax	
13. State Employers State to No.	To State Wigos, Tips, Etc.		Zo. Eodamy Name	70.200	13. 14. 15.	oille Tex	
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	Copy I	B, to be filed w		S	Department of the Internal Revenue		
		Tederar tax re	sedi II				
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OMB NO. 1545-0008			Form	W-2 Wage	and Tax Statement	2023	
Employer's Name, Address and ZIP Code		1. Wages, Tips, Other Compensation		2. Federal Income Tax Withheld			
				4			
		3. Social Security Wages	No the second	4. Social Sec	urity Tax Withheld		
		5. Medicare Wages		6. Medicare Tax Withheld			
						Group/Sub/Branch	Employer's Identification Number
		TIER 1 EMPLOYEE MEDICARE TAX:					
Employee's Name, Address and ZIP Co	ode Caraca and Caraca	of the second way			The same and the	200	
		12a. (J) Excluded From W	/ages 14a. Included in	n Wages	14b. Total Benefits Paid		
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		employee plan	sick pay				
15. State Employers State ID No.	16. State Wages, Tips, Etc.	17. State Tax Withheld	20. Locality Name	18 Local Was	ges, Tips, Etc. 19. Local Inc	ome Tav	
I No.	To. State Wages, Tipe, Etc.		20. County Name	10. 2002, 112	303, 11,03, 210.	2 14	
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	Market Committee		AND THE RESERVE			21000	

OMB NO. 1545-0008

Form W-2 Wage and Tax Statement 2023