Dept. of the Treasury - Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

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.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

by perforation forms, include	your W-2 are ones. General inging an explana 2 are on the o	structions f tion of the	or these	odes						
	QTATEMENT	T.								
D. CONTROL NUMBER T	REISSUED STATEMENT  CONTROL NUMBER This information is being furnished to the Internal Revenue Service			NO. 1545-0008	1 WAGES, TIPS, OTHER COMPENSATION 96467.39			2 FEDERAL INCOME TAX WITHHELD 17997.66		
B. EMPLOYER IDENTIFICATION 43-2054614	A. EMPLO	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3 SOCIAL SECURITY WAGES		4 SOCIAL SECURITY TAX WITHHELD 1582.82			
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE					25529.40 5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD 370.18		
FIS MANAGEMENT SERVICES LLC 9TH FLOOR 347 RIVERSIDE AVENUE 42 Subdate: Delivered Third Date:					7 SOCIAL	25529.40 7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS	
JACKSONVILLE, F	Emplo	Employee Plan Sick Pay  X			9			10 DEPENDANT CARE BENEFITS		
E.EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME RUTHUPARNA NAIKAR 331 CARPENTER DR 6						ALIFIED PLANS		<sup>12 a-d</sup> D C	3537.88 72.87	
ATLANTA, GA 30328								DD	6332.97	
F. EMPLOYEE'S ADDRESS AND 15 STATE EMPLOYER'S ST.	ATE I.D. NO.	16 STATE WAGES	-, -	17 STATE INCOM		18 LOCAL WAGES, TIPS, ETC.	19 LOCA	L INCOME TAX	20 LOCALITY NAME	
GA 2270166SK 96467.39 369						FOLD AND TEAR ALONG PERFORATION				
D. CONTROL NUMBER	This information is being	furnished			1 WAGES,	TIPS, OTHER COMPENSATION	, JLD A		OME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION N	to the Internal Revenue	Service	OMB N	O. 1545-0008 TY NUMBER	3 SOCIAL S	96467.39 ECURITY WAGES		4 SOCIAL SECU	17997.66	
43-2054614 C. EMPLOYER'S NAME, ADD	RESS AND ZIP CODE	897-	12-6513	3	5 MEDICAR	25529.40 E WAGES AND TIPS		6 MEDICARE TA	1582.82	
·	FIS MANAGEMENT SERVICES LLC								370.18	
9TH FLOOR 347 RIVERSIDE AVENUE						7 SOCIAL SECURITY TIPS			FIPS	
JACKSONVILL			TCCIIED	STATEMENT	9			10 DEPENDANT C	ARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AN	ISSUED	K	LIFIED PLANS		<sup>12 a-d</sup> D	3537.88				
RUTHUPARNA NAIKAR 331 CARPENTER DR 6					14 OTHER	14 OTHER		C 72.87 DD 6332.97		
ATLANTA, GA 30328  F. EMPLOYEE'S ADDRESS AND ZIPCODE								13 Statutory Employee	Retirement X Third-Party Sick pay	
15 STATE   EMPLOYER'S STA	TE I.D. NO.	16 STATE WAGES,		17 STATE INCOME		18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME	
Copy 2 To be filed with FORM <b>W-2 Wage</b>	Employee's STATE	, CITY or LOCA	L tax return		<sup>7.35</sup> 023				- Internal Revenue Service  PERFORATION	
D. CONTROL NUMBER	3				1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD		
	EMPLOYER IDENTIFICATION NUMBER A. E		MPLOYEE'S SOCIAL SECURITY NUMBER		96467.39 3 SOCIAL SECURITY WAGES		17997.66			
43-2054614 897-12-6513 C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE					25529.40 5 MEDICARE WAGES AND TIPS			6 MEDICARE TA	1582.82 X WITHHELD	
FIS MANAGEMENT SERVICES LLC 9TH FLOOR						25529.40 ECURITY TIPS		370.18 8 ALLOCATED TIPS		
347 RIVERSIDE AVENUE							05000000000	10 DEPENDANT CA		
JACKSONVILLE, FL 32202 REISSUED STATEMENT									AKE DENEFITS	
E. EMPLOYEES FIRST NAME AND INITIAL LAST NAME SUFF.  RUTHUPARNA NAIKAR					11 NONQUALIFIED PLANS			<sup>12 a-d</sup> D C	3537.88 72.87	
331 CARPENTER DR						14 OTHER			6332.97	
ATLANTA, GA 30328								13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
F. EMPLOYEE'S ADDRESS AND 2 15 STATE EMPLOYER'S STA	TE I.D. NO.	16 STATE WAGES, 7		17 STATE INCOME 1		18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	Plan A Sick pay 20 LOCALITY NAME	
GA 2270166S			167.39	l .	7.35		Dept. of	the Treasury	- Internal Revenue Service	
Copy 2 To be filed with FORM <b>W-2 Wage</b>	, ,		L tax return	2	023		·		PERFORATION	
D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service OMB NO. 1545-0008					1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDENTIFICATION N	A. EMPLOYEE'S	EMPLOYEE'S SOCIAL SECURITY NUMBER			96467.39 3 SOCIAL SECURITY WAGES			17997.66  4 SOCIAL SECURITY TAX WITHHELD		
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FIS MANAGEMENT SERVICES LLC 9TH FLOOR						25529.40 7 SOCIAL SECURITY TIPS			370.18	
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JACKSONVILLE, FL 32202 REISSUED STATEMENT									AKE DENEHIIS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  RUTHUPARNA NAIKAR						11 NONQUALIFIED PLANS			3537.88 72.87	
331 CARPENTER DR 6								C DD	6332.97	
ATLANTA, GA 30328								13 Statutory	Retirement Third-Party	

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

GA 2270166SK

2023

17 STATE INCOME TAX 3697.35

96467.39

Dept. of the Treasury - Internal Revenue Service

18 LOCAL WAGES, TIPS, ETC.

Retirement Third-Party Sick pay

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## FIS MANAGEMENT SERVICES LLC

9TH FLOOR 347 RIVERSIDE AVENUE JACKSONVILLE, FL 32202

## IMPORTANT TAX DOCUMENT ENCLOSED

RUTHUPARNA NAIKAR 331 CARPENTER DR 6 ATLANTA, GA 30328

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