					Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
To the right is information which shows your total wages by			Gross Wages	143790.51	143790.51	143790.51		
W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total			Txbl Benefits Group Term Life	103.14	103.14	103.14		
wages to arrive at your W-2 wages.				Adoption	103.14	103.14	103.14	
of the	e letter codes used in l	se forms, including an explan oox 12, are available on a	ation	Deferred Comp				
separ	ate document.			Section 125 Other Pretax/Wag	ge Limit			
				W-2 Wages	143893.65	143893.65	143893.65	
	e's social security number	b Employer identification number (EIN	1)	d Control number				
	17-6763 r's name, address, and ZIP co	56-2001572		000091326701	1 Wages, tips, other compensation	2 Federal income		No. 1545-000
	enta Crop Protection LL				143893.6		tax withheid	16131.40
PO Bo	ox 18300 nsboro NC 27419-8300				3 Social security wages 143893.6	4 Social security	tax withheld	8921.41
0.00.	.55676 116 27 113 6566				5 Medicare wages and tips	6 Medicare tax w	ithheld	0921.41
e Employe	e's first name and initial	Last name	Sut	ff.	143893.6			2086.46
Sound		Ummadisetty			7 Social security tips	8 Allocated tips		
	vare OH 43015				9	10 Dependent car	re benefits	
USA					11 Nonqualified plans	12a See instruct	tions for hoy 12	
f Employe	e's address and ZIP code				Tritonquamou pano	Code C		103.14
15 State	Employer's state ID Number		17 State in	ncome tax	13 Statutory Retirement Third-party employee plan sick Pay	Code AA	1	8614.83
OH	52-393206 9	143893.65	<u> </u>	4966.88	x	12c		
18 Local w	ages, tips, etc. 43368.12	19 Local income tax 433.68	20 Localit	ty name AlexViIW/H	14 Other	Code 12d		
	43300.12	433.00	<u> </u>	7.00.01111/11		Code		
	Wage and Tax Statemen	<u>t</u>		2022	[Department of the Tre	 easury—Internal F	Revenue Servi
Copy C—Fo	or EMPLOYEE'S RECORDS			2023	This information is being furnish negligence penalty or other sancti	ed to the Internal Revenue Se on may be imposed on you if	rvice. If you are require this income is taxable a	d to file a tax retur and you fail to repo
	e's social security number 17-6763	b Employer identification number (EIN 56-2001572	1)	d Control number 000091326701			OMP	No. 1515 000
	r's name, address, and ZIP co			000031320701	1 Wages, tips, other compensation	2 Federal income		No. 1545-000
Synge	enta Crop Protection LLO	C			143893.6			16131.40
	ox 18300 nsboro NC 27419-8300				3 Social security wages 143893.6	4 Social security	tax withheld	8921.41
					5 Medicare wages and tips	6 Medicare tax wi	thheld	
e Employe	e's first name and initial	Last name	Sut	ff.	143893.6 7 Social security tips	5 8 Allocated tips		2086.46
Sound 189 H	darya HarnessWay	Ummadisetty			7 oodia security tips	o Anocated tips		
Delav USA	vare OH 43015				9	10 Dependent car	re benefits	
					11 Nonqualified plans	12a See instruct	tions for box 12	
f Employe	e's address and ZIP code					Code C		103.14
15 State OH	Employer's state ID Number 52-393206 9	16 State wages, tips, etc. 143893.65	17 State in	ncome tax 4966.88	Statutory Retirement Third-party employee plan sick Pay	Code AA		8614.83
					X	12c Code	1	
18 Local w	ages, tips, etc. 43368.12	19 Local income tax 433.68	20 Localit	y name AlexViIW/H	14 Other	12d Code		
			<u> </u>			-		
	Wage and Tax Statemen			2023		Department of the Tre	easury - Internal F	Revenue Serv
юру в	De l'ilea Mai Employee 3 l'E	DEITHE THA ROLLING		2023				
		b Employer identification number (EIN	I)	d Control number	7 - 4 - 7			
	e's social security number 17-6763	56-2001572	•,	000091326701	1		OMB	No. 1545-000
c Employe	r's name, address, and ZIP co	de			1 Wages, tips, other compensation	2 Federal income	tax withheld	15101 10
	enta Crop Protection LLO	C			143893.6 3 Social security wages	4 Social security	tax withheld	16131.40
	nsboro NC 27419-8300				143893.6			8921.41
					5 Medicare wages and tips	6 Medicare tax wi	thheld	2006.46
e Employee's first name and initial Last name Suff. Soundarya Ummadisetty 189 HarnessWay			ff.	143893.6 7 Social security tips	8 Allocated tips		2086.46	
					_			
	vare OH 43015				9	10 Dependent car	e benefits	
USA								
					11 Nonqualified plans	12a See instruct	ions for box 12	,
f Employe	e's address and ZIP code	Loo.	I 47 0: · ·		Chatatana Datinament Third and	Code C	tions for box 12	103.14
	e's address and ZIP code Employer's state ID Number 52-393206 9	16 State wages, tips, etc. 143893.65	17 State in	ncome tax 4966.88	13 Statutory Retirement Third-party employee plan sick Pay	Code C 12b Code AA	tions for box 12	103.14 8614.83
f Employer 15 State OH	Employer's state ID Number		17 State in	4966.88	13 Statutory Retirement Third-party	Code C	tions for box 12	

W-2 other wage Gene of the	box and the amount of r pretax deductions that s to arrive at your W-2 ral instructions for the	which shows your total wages i any deferred compensation a tit were subtracted from total 2 wages. se forms, including an explan pox 12, are available on a	and/or	Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wag W-2 Wages	ge Lim	uit	ec. dox 3 d / Pedicale dox 3		
a Employe	ee's social security number	b Employer identification number (EIN	I)	d Control number					
	17-6763 r's name, address, and ZIP co	56-2001572		000091326702	1 Wad	OMB Not 1 Wages, tips, other compensation 2 Federal income tax withheld			
Syng	enta Crop Protection LLC				Щ		4 Social security tax withheld		
	ox 18300 nsboro NC 27419-8300				3 Social security wages		4 Social Security tax withheld		
					5 Med	icare wages and tips	6 Medicare tax withheld		
	e's first name and initial darya	Last name Ummadisetty	Suf	ff.	7 Soci	al security tips	tips 8 Allocated tips		
189 l Delav	HarnessWay vare OH 43015				9 10 Dependent care ben		10 Dependent care benefits		
USA					11 Nonqualified plans		12a See instructions for box 12		
f Employe	e's address and ZIP code						Code		
15 State OH	Employer's state ID Number 52-393206 9	16 State wages, tips, etc.	17 State in	ncome tax	13	Statutory Retirement Third-party employee plan sick Pay	12b Code		
		40.			L	X	12c Code		
18 Local w	rages, tips, etc. 54420.15	19 Local income tax 1355.25	20 Localit	y name NRes - ClbsCityW/H-D	14 Oth	er	12d Code		
						Dane	network of the Traceum. Internal Devenue Con		
	! Wage and Tax Statemen or EMPLOYEE'S RECORDS	t		2023	ï	This information is being furnished to	artment of the Treasury—Internal Revenue Ser the Internal Revenue Service. If you are required to file a tax ret y be imposed on you if this income is taxable and you fail to rep		
	ee's social security number 17-6763	b Employer identification number (EIN 56-2001572	I)	d Control number 000091326702			OMB No. 1545-00		
c Employe	r's name, address, and ZIP co	de			1 Wag	es, tips, other compensation	2 Federal income tax withheld		
Syngenta Crop Protection LLC PO Box 18300 Greensboro NC 27419-8300					3 Soci	al security wages	4 Social security tax withheld		
					5 Med	icare wages and tips	6 Medicare tax withheld		
	e's first name and initial darya	Last name Ummadisetty	Suf	ff.	7 Soci	al security tips	8 Allocated tips		
189 H	HarnessWay vare OH 43015	Onimadisecty					10 Dependent care benefits		
					11 No	nqualified plans	12a See instructions for box 12		
f Employe	e's address and ZIP code Employer's state ID Number	16 State wages, tips, etc.	17 State is	ncome tax	13	Statutory Retirement Third-party	Code 12b		
OH	52-393206 9				employee plan sick Pay	Code 12c			
18 Local w	vages, tips, etc.	19 Local income tax	20 Localit		14 Oth		Code 12d		
			NRes - ClbsCityW/H-D	-		Code			
Form W-2 Copy B—To	Nage and Tax Statemen Be Filed With Employee's FE	t DERAL Tax Return.		2023		Dep	artment of the Treasury - Internal Revenue Ser		
	ee's social security number	b Employer identification number (EIN 56-2001572	I)	d Control number 000091326702	, .		OMP No. 4545 00		
	r's name, address, and ZIP co			000091320702	1 Wag	es, tips, other compensation	OMB No. 1545-00		
PO B	enta Crop Protection LLC ox 18300 nsboro NC 27419-8300	3			3 Soci	ial security wages	4 Social security tax withheld		
0.00	.556.6 N.C 27 113 6566				5 Med	icare wages and tips	6 Medicare tax withheld		
e Employee's first name and initial Last name Suff.					7 Soci	al security tips	8 Allocated tips		
189 H	darya HarnessWay	Ummadisetty			9		40 Danas dant assa bassifita		
USA	vare OH 43015					nqualified plans	10 Dependent care benefits 12a See instructions for box 12		
f Employe	e's address and ZIP code						Code		
15 State OH	Employer's state ID Number 52-393206 9	16 State wages, tips, etc.	17 State in	ncome tax	13	Statutory Retirement Third-party employee plan sick Pay	12b Code		
					L	X	12c Code		
18 Local wages, tips, etc. 19 Local income tax 20 Locality nam 54420.15 1355.25 NRes				y name NRes - ClbsCityW/H-D	14 Oth	er	12d Code		
		I	l		l				

Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.			Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wag W-2 Wages	ge Lim	iit	ned do 3		
a Employee's	social security number	b Employer identification number (EIN	I)	d Control number				
894-17- c Employer's r	6763 name, address, and ZIP coo	56-2001572 de		000091326703	1 Wag	OMB Not 1 Wages, tips, other compensation 2 Federal income tax withheld		
Syngent	a Crop Protection LLC				Щ	al security wages	4 Social security tax withheld	
PO Box Greensb	oro NC 27419-8300							
- Fll-	Book access and located	Lastana	04	**	5 Med	icare wages and tips	6 Medicare tax withheld	
e Employee's first name and initial Last name Suff Soundarya Ummadisetty 189 HarnessWay				п.	7 Soci	ecurity tips 8 Allocated tips		
	re OH 43015				9		10 Dependent care benefits	
					11 No	nqualified plans	12a See instructions for box 12	
	address and ZIP code mployer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax	13	Statutory Retirement Third-party	Code 12b	
ОН	52-393206 9				employée plan sick Pay		12c	
18 Local wage		19 Local income tax	20 Localit		14 Oth	er	Code 12d	
	43368.12	650.52		Res - ClbsCityW/H-D	1		Code	
	age and Tax Statement MPLOYEE'S RECORDS			2023	1	This information is being furnished to t	Intrement of the Treasury—Internal Revenue Sent the Internal Revenue Service. If you are required to file a tax reture by be imposed on you if this income is taxable and you fail to repo	
a Employee's 894-17-	social security number 6763	b Employer identification number (EIN 56-2001572	1)	d Control number 000091326703			OMB No. 1545-000	
c Employer's r	name, address, and ZIP coo	de			1 Wag	es, tips, other compensation	2 Federal income tax withheld	
Syngenta Crop Protection LLC PO Box 18300 Greensboro NC 27419-8300					3 Soci	al security wages	4 Social security tax withheld	
					5 Med	icare wages and tips	6 Medicare tax withheld	
e Employee's Soundar	first name and initial	Last name Ummadisetty	Suf	ff.	7 Soci	al security tips	8 Allocated tips	
189 HarnessWay Delaware OH 43015 USA						10 Dependent care benefits		
f Employee's	address and ZIP code				11 No	nqualified plans	12a See instructions for box 12 Code	
	mployer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax	13	Statutory Retirement Third-party employee plan sick Pay	12b Code	
ОН	52-393206 9				ł	x	12c	
18 Local wages, tips, etc. 19 Local income tax 20 Locality 43368.12 650.52			y name Res - ClbsCityW/H-D	14 Other		Code 12d		
					1		Code	
Form W-2 Wa Copy B—To Be	age and Tax Statement Filed With Employee's FEI	DERAL Tax Return.		2023	2	Depa	artment of the Treasury - Internal Revenue Sen	
a Employee's 894-17-	social security number 6763	b Employer identification number (EIN 56-2001572	I)	d Control number 000091326703			OMB No. 1545-000	
c Employer's r	name, address, and ZIP coo	de			1 Wag	es, tips, other compensation	2 Federal income tax withheld	
PO Box	a Crop Protection LLC 18300 oro NC 27419-8300				3 Soci	al security wages	4 Social security tax withheld	
					5 Med	icare wages and tips	6 Medicare tax withheld	
e Employee's Soundar	first name and initial	Last name Ummadisetty	Suf	ff.	7 Soci	al security tips	8 Allocated tips	
189 Har Delawar	nessWay re OH 43015	Offinadisetty			9		10 Dependent care benefits	
USA					11 No	nqualified plans	12a See instructions for box 12	
	address and ZIP code mployer's state ID Number	16 State wages, tips, etc.	17 State in	ncome tax	13	Statutory Retirement Third-party	Code 12b	
OH	52-393206 9				"	employee plan sick Pay	Code 12c	
18 Local wage		19 Local income tax	20 Localit	y name Res - ClbsCityW/H-D	14 Oth		Code 12d	
43368.12 650.52 Res - Clb							Code	

Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return