Statement OMB No. 1545-0008 for employee's records Corp. Control number

Employer use only 0000011771 NL7 BQP1 E S 16382 c Employer's name, address, and ZIP code

ABBVIE INC 1 N WAUKEGAN RD NORTH CHICAGO, IL 60064

e/f Employee's name, address, and ZIP code OMPRAKASH NACHAM **3 COMMONS CIRCLE** HAWTHORN WOODS, IL 60047

	yer's FED ID number 32-0375147	а	mplo		A number X-1205	
1 Wages, tips, other comp.		2 Federal income tax withheld				
115947.89					932.36	
3 Social s	ecurity wages	4 :	Socia	security '	tax withheld	
	124837.68				739.94	
5 Medicar	e wages and tips	6	Medic	are tax wi	thheld	
	124837.68			1	810.15	
7 Social security tips		8 /	8 Allocated tips			
Q 1010214644444444444444444444444444444444		10 Dependent care benefits				
11 Nonqualified plans		12a	12a See instructions for box 12 C 218.62			
14 Other		12b			8889.79	
		12c	וםם		21436.68	
		12d	!			
		135	at em	Ret, plan	3rd party sick pay	
15 State	Employer's state ID no	. 16	State	wages, ti	ps, etc.	
IL	32-0375147 000 8			115	947.89	
17 State income tax		18	Loca	l wages, t	ips, etc.	
	6182.08				•	
19 Local income tax		20 Locality name				

Wages, tips, other comp. 2 Federal income tax withheld 115947.89 17932.36 3 Social security wages 4 Social security tax withheld 124837.68 7739.94 5 Medicare wages and tips 6 Medicare tax withheld <u>18</u>10.15 124837.68 Control number Dept. Corp. Employer use only 0000011771 NL7 BQP1 E S 16382 : Employer's name, address, and ZIP code

ABBVIE INC 1 N WAUKEGAN RD NORTH CHICAGO, IL 60064

Employer's FED ID number 32-0375147			a Employee's SSA number XXX-XX-1205					
7 Social security tips			8 Allocated tips					
=		10	Deper	ident ca	re benefits			
11 Nonqualified plans		12a See instructions for box 12						
	•		C		218.62			
14	Other	12b	D		8889.79			
		12c	DD		21436.68			
		12d	1					
		1351	at emp.	Ret plan X	3rd party sick pay			

*/f Employee's name, address and ZIP code

OMPRAKASH NACHAM 3 COMMONS CIRCLE HAWTHORN WOODS, IL 60047

5 State	Employer's state ID no. 32-0375147 000 8	16	State wages, tips, etc. 115947.89	
17 State income tax 6182.08		18	Local wages, tips, etc.	
9 Local income tax		20	Locality name	

Federal Filing Copy
Wage and Tax Statement one Tax Return.

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

SOCIAL SECURITY GROSS PAY 129,857.76 7,739.94 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 17,932.36 MEDICARE TAX 1,810.15 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 SUI/SDI 0.00 STATE INCOME TAX 6,182.08 BOX 17 OF W-2 LOCAL INCOME TAX BOX 14 OF W-2 0.00 BOX 19 OF W-2

> To change your employee W-4 profile information file a new W-4 with your payroll department

> > Social Security Number: XXX-XX-1205

OMPRAKASH NACHAM **3 COMMONS CIRCLE** HAWTHORN WOODS, IL 60047



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PAGE 1 OF 1

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1 Wages, tips, other comp. 115947.89			2 Federa	Federal income tax withheld 1 Wages, tips, other 17932.36 11594			
3 Social security wages 124837.68			4 Social	security tax withheld 7739.94	3 Social security wag		
.5	Medicare wages and 124837		6 Medica	are tax withheld 1810.15	5	Medicare wages and 12483	
d	Control number 0000011771 NL7	Dept.	Corp. BQP1	Employer use only E S 16382	d	Control number 0000011771 NL7	Dep
c	Employer's name, a	address,	and ZIP c	ode	С	Employer's name,	addres

ABBVIE INC

1 N WAUKEGAN RD NORTH CHICAGO, IL 60064

b Employer's FED ID number 32-0375147	a Employee's SSA number XXX-XX-1205				
7 Social security tips	8 Allocated tips				
	10 Dependent care benefits				
11 Nonqualified plans	12a				
	C 218.62				
14 Other	^{12b} D 8889.79				
	^{12c} DD ₁ 21436.68				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

OMPRAKASH NACHAM **3 COMMONS CIRCLE** HAWTHORN WOODS, IL 60047

1			
15 State	Employer's state ID no. 32-0375147 000 8	16	State wages, tips, etc.
IL	32-0375147 000 8		115947.89
17 State income tax		18	Local wages, tips, etc.
	6182.08		
19 Local income tax			Locality name

State Filing Copy Wage and Tax Statement OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.			2 Federal income tax withhele				
115947.89				17932.36			
3 Social security wages			4 Social security tax withheld				
	124837	.68	7739.94				
5	Medicare wages and		6 Medicare tax withheld				
	124837	.68		1810.15			
d	Control number	Dept.	Corp.	Employer use only			
	0000011771 NL7		BQP1	E S 16382			

ss, and ZIP code

ABBVIE INC 1 N WAUKEGAN RD NORTH CHICAGO, IL 60064

	Employer's FED ID number 32-0375147	al	Emplo	yee's XX	SS X-X	A number XX-1205
7 9	Social security tips	8	Alloca	ited t	ps	
9		10	Depe	ender	t cai	e benefits
11	Nonqualified plans	12a				
			C			218.62
14	Other	12b	וע			8889.79
		12c	DD			21436.68
		12d				
		13 :	Stat en	p. Ret	plan X	3rd party sick
e/f	Employee's name, address	and	ZIP	code		•

OMPRAKASH NACHAM 3 COMMONS CIRCLE HAWTHORN WOODS, IL 60047

15 State	Employer's state ID no.	16	State wages, tips, etc.
			115947.89
17 State	income tax	18	Local wages, tips, etc.
	6182.08		
19 Local	income tax	20	Locality name
	17 State	17 State Income tax 6182.08	6182.08

City or Local Filing Co Wage and Tax Statement

OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local income Tax Return