Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.

d Control number Dept. 153485 CHIC/B6S 002000

Employer use only A 2342

Employer's name, address, and ZIP code

AMDOCS INC 625 MARYVILLE CENTRE DR ST LOUIS MO 63141

Batch #03326

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

RANAJIT TRIPATHY 4465 MISSISSIPPI ST LINIT#4

| UNIT#4                                   | 10   |  |  |
|--|--|--|--|
| SAN DIEGO CA 921                         |  |  |  |
| b Employer's FED ID number<br>43-1339487 | a Employee's SSA number XXX - XX - 7563    |  |  |
| 1 Wages, tips, other comp.               | 2 Federal income tax withheld              |  |  |
| 54708.38                                 | 6226.85                                    |  |  |
| 3 Social security wages                  | 4 Social security tax withheld             |  |  |
| 56341.70                                 | 3493.18                                    |  |  |
| 5 Medicare wages and tips                | 6 Medicare tax withheld                    |  |  |
| 56341.70                                 | 816.95                                     |  |  |
| 7 Social security tips                   | 8 Allocated tips                           |  |  |
| 9  | 10 Dependent care benefits                 |  |  |
| 11 Nonqualified plans                    | 12a See instructions for box 12<br>C 50.75 |  |  |
| 14 Other                                 | C 50.75<br>12b D 1633.32                   |  |  |
| 619.20 SDI                               | 12c DD 2860.00                             |  |  |
| 019.20 351                               | 12d  |  |  |
|  | 13 Stat emp. Ret. plan 3rd party sick pay  |  |  |
| 15 State Employer's state ID n           | o. 16 State wages, tips, etc.              |  |  |
| CA 347-1189 5                            | 54708.38                                   |  |  |
| 17 State income tax                      | 18 Local wages, tips, etc.                 |  |  |
| 3139.47                                  |  |  |  |
| 19 Local income tax                      | 20 Locality name                           |  |  |

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

This blue section is your Earnings Summary which provides more detailed

information on the generation of your W-2 statement. The reverse side

includes instructions and other general information.

| Wages, Tips, other<br>Compensation<br>Box 1 of W-2 | Social Security<br>Wages<br>Box 3 of W-2                                 | Medicare<br>Wages<br>Box 5 of W-2   | CA. State Wages,<br>Tips, Etc.<br>Box 16 of W-2  |
|--|--|---|--|
| 56,882.45  | 56,882.45  | 56,882.45   | 56,882.45  |
| 50.75  | 50.75  | 50.75   | 50.75  |
| 1.633.32   | N/A  | N/A   | 1,633.32   |
| 591.50   | 591.50   | 591.50  | 591.50   |
| 54,708.38  | 56,341.70  | 56,341.70   | 54,708.38  |
|  | Compensation<br>Box 1 of W-2<br>56,882.45<br>50.75<br>1,633.32<br>591.50 | Compensation<br>Box 1 of W-2  56,882.45  50.75  1,633.32  N/A  591.50  Wages Box 3 of W-2  156,882.45  50.75  1,633.32  N/A  591.50 | Compensation<br>Box 1 of W-2         Wages<br>Box 3 of W-2         Wages<br>Box 5 of W-2           56,882.45         56,882.45         56,882.45           50.75         50.75         50.75           1,633.32         N/A         N/A           591.50         591.50         591.50 |

Note - Fringe benefits include: Other \$8,328.51

2. Employee Name and Address.

RANAJIT TRIPATHY 4465 MISSISSIPPI ST UNIT#4 SAN DIEGO CA 92116

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| 1                      | Wages, tips, other comp. 54708.38   |       |  | Federa | l income   | tax withheld<br>6226.85 |
|------------------------|-------------------------------------|-------|--|--------|------------|-------------------------|
| 3                      | 3 Social security wages 56341.70    |       |  | Social | security   | tax withheld<br>3493.18 |
| 5                      | Medicare wages and tips<br>56341.70 |       |  | Medica | are tax wi | thheld<br>816.95        |
| d                      | Control number                      | Dept. |  | Corp.  | Emplo      | yer use only            |
| 153485 CHIC/B6S 002000 |                                     |       |  | Α      | 2342       |                         |

Employer's name, address, and ZIP code

AMDOCS INC 625 MARYVILLE CENTRE DR ST LOUIS MO 63141

| b  | Employer's FED ID number 43-1339487 | a Employee's SSA number<br>XXX-XX-7563     |
|----|-------------------------------------|--|
| 7  | Social security tips                | 8 Allocated tips                           |
| 9  |                                     | 10 Dependent care benefits                 |
| 11 | Nonqualified plans                  | 12a See instructions for box 12<br>C 50.75 |
| 14 | Other                               | <sup>12b</sup> D 1633.32                   |
|    | 619.20 SDI                          | 12c DD 2860.00                             |
|    | 010.20 001                          | 12d  |
|    |                                     | 13 Stat emp. Ret. plan 3rd party sick pay  |

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

RANAJIT TRIPATHY 4465 MISSISSIPPI ST UNIT#4 SAN DIEGO CA 92116

| 15 Sta<br>CA | ate Employer's state ID no. 347-1189 5 | 16 State wages, tips, etc. 54708.38 |
|--------------|--|-------------------------------------|
| 17 St        | ate income tax<br>3139.47              | 18 Local wages, tips, etc.          |
| 19 Lo        | cal income tax                         | 20 Locality name                    |

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

| 1                                     | Wages, tips, other of | omp.<br>08.38                          | 2 Federa   | I income          | tax withheld<br>6226.85 |
|---------------------------------------|-----------------------|--|------------|-------------------|-------------------------|
| 3 Social security wages 56341.70      |                       | 4 Social security tax withheld 3493.18 |            |                   |                         |
| 5 Medicare wages and tips<br>56341.70 |                       | 6 Medica                               | are tax w  | ithheld<br>816.95 |                         |
| d                                     | Control number        | Dept.                                  | Corp.      | Emplo             | oyer use only           |
| 153485 CHIC/B6S 002000                |                       | 00 A 2                                 | 2342       |                   |                         |
| C                                     | Employer's name, a    | ddress at                              | nd ZIP cod | e                 |                         |

Fold and Detach Here

AMDOCS INC 625 MARYVILLE CENTRE DR ST LOUIS MO 63141

| b  | Employer's FED ID number 43-1339487 | a Employee's S       | XX-7563               |
|----|-------------------------------------|----------------------|-----------------------|
| 7  | Social security tips                | 8 Allocated tips     | 3                     |
| 9  |                                     | 10 Dependent ca      | are benefits          |
| 11 | Nonqualified plans                  | 12a C                | 50.75                 |
| 14 | Other                               | <sup>12b</sup> D     | 1633.32               |
|    | 619.20 CA SDI                       | 12c DD               | 2860.00               |
|    | 010120 011 001                      | 12d                  |                       |
|    |                                     | 13 Stat emp. Ret. pl | an 3rd party sick pay |

RANAJIT TRIPATHY 4465 MISSISSIPPI ST UNIT#4 SAN DIEGO CA 92116

|    | State | Employer's state ID no.<br>347-1189 5 | 16 State wages, tips, etc. 54708.38 |
|----|-------|---------------------------------------|-------------------------------------|
| 17 | State | income tax<br>3139.47                 | 18 Local wages, tips, etc.          |
| 19 | Local | income tax                            | 20 Locality name                    |

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

| 1  | 1 Wages, tips, other comp. 54708.38 |           |    | Federa  | l income  | tax withheld<br>6226.85 |
|----|-------------------------------------|-----------|----|---------|-----------|-------------------------|
| 3  | 3 Social security wages 56341.70    |           | 4  | Social  | security  | tax withheld<br>3493.18 |
| 5  | Medicare wages and tips<br>56341.70 |           | 6  | Medica  | are tax w | 816.95                  |
| d  | Control number Dept.                |           |    | Corp.   | Empl      | oyer use only           |
| 15 | 153485 CHIC/B6S 002000              |           |    |         | Α         | 2342                    |
| С  | Employer's name, a                  | ddress, a | nd | ZIP cod | е         |                         |

AMDOCS INC 625 MARYVILLE CENTRE DR ST LOUIS MO 63141

| re benefits           |
|-----------------------|
| re benefits           |
|                       |
| 50.75                 |
| 1633.32               |
| 2860.00               |
|                       |
| lan 3rd party sick pa |
| p                     |

RANAJIT TRIPATHY 4465 MISSISSIPPI ST UNIT#4 SAN DIEGO CA 92116

| 15 State Employer's state ID no.<br>CA 347-1189 5 | 16 State wages, tips, etc. 54708.38 |
|---|-------------------------------------|
| 17 State income tax 3139.47                       | 18 Local wages, tips, etc.          |
| 19 Local income tax                               | 20 Locality name                    |
|   | 3139.47                             |

CA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.