2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only RB/7JV

Employer's name, address, and ZIP code

CERTIDE INC 347 PLAINFIELD AVE STE 107 **EDISON, NJ 08817**

Batch #90640

e/f Employee's name, address, and ZIP code RENUKA VENKATARAMANA 1102 ARROWHEAD CROSSING DAYTON, OH 45449

b	Emplo	yer's FED II 82-40542		а	Emple		e's SS/			
1	Wages	s, tips, other	comp.	2	Feder	al	income	tax	withh	eld
		43	00.00					4	985.	.41
3	Social	security wa	iges	4	Socia	l s	security	tax	withh	eld
		43	00.00					2	666.	.00
5	Medic	are wages a		6	Medic	are	e tax wi	thhe	ld	
		43	000.00						<u>623.</u>	.50
7	Social	security tip	s	8	Alloca	ate	d tips			
9				10	Depen	de	nt care	ben	efits	
11	Nonqu	alified plans	;	12:	a See ir	str	uctionsfo	r bo	x 12	
1.4	Other	O4h		12	b					
14	Other		12	С						
				12		<u>_</u>				
				13	Stat er	np.	Ret. plan	3rd	party s	ick pay
15	State	Employer's	state ID no	. 16	State	wa	ages, tip	s, e	tc.	
OH 54-230021 5						10	360	.00		
17 State income tax		18	Local	w	ages, tip	s, e	tc.			
			279.79							
19 Local income tax			20 Locality name							
				1						

43000.00 4985.41 Social security wages 43000.00 Social security tax withheld 2666.00 Medicare wages and tips 43000.00 Medicare tax withheld 623.50 Control number Employer use only 000032 RB/7JV 11

Employer's name, address, and ZIP code

CERTIDE INC 347 PLAINFIELD AVE STE 107 EDISON, NJ 08817

b	Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-2755
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address ar	nd ZIP code

RENUKA VENKATARAMANA 1102 ARROWHEAD CROSSING DAYTON, OH 45449

L			
	15 State OH	Employer's state ID no. 54-230021 5	16 State wages, tips, etc. 10360.00
	17 State	income tax 279.79	18 Local wages, tips, etc.
	19 Local	income tax	20 Locality name
ſ		Federal Fili	ina Copy

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

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

43,000.00

43,000.00

Wages, Tips, other Social Security Medicare OH. State Wages, Compensation Wages Wages Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

43,000.00

43,000.00

10,360.00

10,360.00

43,000.00

43,000.00

2. Employee Name and Address.

RENUKA VENKATARAMANA 1102 ARROWHEAD CROSSING DAYTON, OH 45449

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Gross Pav

Reported W-2 Wages

1 Wages, tips, other c 4300	2 Federal income tax withheld 4985.41				
3 Social security wages 43000.00		4 Social security tax withheld 2666.00			
5 Medicare wages and tips 43000.00		6 Medica	re tax withh	neld 623.50	
d Control number	Dept.	Corp.	Employer	use only	
000032 RB/7JV				11	
c Employer's name, a	ddress, ar	nd ZIP code	9		

CERTIDE INC AVE STE 107 347 PLAINFIELD EDISON, NJ 08817

b	Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-2755				a Employee's SSA number XXX-XX-2755					
7	Social security tips	8 Allocated tips									
9		10 Dependent care benefits									
11	Nonqualified plans	12 a									
14	Other	12b									
		12c									
		12d									
		13 Stat emp. Ret. plan 3rd party sick pay									

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

RENUKA VENKATARAMANA 1102 ARROWHEAD CROSSING DAYTON, OH 45449

15 State Employer's state ID no. 54-230021 5	16 State wages, tips, etc. 10360.00
17 State income tax	18 Local wages, tips, etc.
279.79	
19 Local income tax	20 Locality name

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

1	Wages, tips, other of 430	omp. 00.00	2	Federal	income		with 985	
3	Social security wages 43000.00			4 Social security tax withheld 2666.00				
5	Medicare wages and 430	tips 00.00	6	Medica	re tax w		eld 623	.50
d	Control number	Dept.		Corp.	Empl	oyer	use	only
00	0032 RB/7JV							11

c Employer's name, address, and ZIP code

CERTIDE INC 347 PLAINFIELD AVE STE 107 EDISON, NJ 08817

b	Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-2755				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick p				

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

RENUKA VENKATARAMANA 1102 ARROWHEAD CROSSING DAYTON, OH 45449

	Employer's state ID no. 54-230021 5	16	State	wages, tips, etc. 10360.00
• • • •	P			
17 State	income tax	18	Local	wages, tips, etc.
	279.79			
19 Local	income tax	20	Locali	ty name
		l		

OH.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return