



W-2 Wage and Tax Statement **2023**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000032 RB/7JV	Dept.	Corp.	Employer use only 11
c 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 Employer's FED ID number 82-4054259	a Employee's SSA number XXX-XX-2755		
1 Wages, tips, other comp. 43000.00	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 Medicare tax withheld 623.50		
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
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		

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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	43,000.00	43,000.00	43,000.00	10,360.00
Reported W-2 Wages	43,000.00	43,000.00	43,000.00	10,360.00

2. Employee Name and Address.

**RENUKA VENKATARAMANA
1102 ARROWHEAD CROSSING
DAYTON, OH 45449**

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Federal Filing Copy
W-2 Wage and Tax Statement **2023**
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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OH.State Reference Copy
W-2 Wage and Tax Statement **2023**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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