2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only

000049 KF/GL3 Employer's name, address, and ZIP code

> SACROSANCTINFO 39355 CALIFORNIA ST STE 307 FREMONT, CA 94538

> > Batch #91179

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

SRIKANTH PEDAVALLI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240

b	Employer's FED ID number 81-5138617	а	Emple		ee's SSA	\ number (-3091
1	Wages, tips, other comp.	2	Feder	al	income	tax withheld
	5376.00					331.45
3	Social security wages	4	Socia	l s	security	tax withheld
	5376.00					333.31
5	Medicare wages and tips	6	Medic	are	e tax wit	
	5376.00					77.95
7	Social security tips	8	Alloca	ate	d tips	
9		10	Depen	de	nt care	benefits
11	Nonqualified plans	12	a See in	str	ructionsfo	r box 12
			b	Ĺ		
14	Other		С			
		12	d			
		13	Stat er	np.	Ret. plan	3rd party sick pa
15	State Employer's state ID no	16	State	Wa	ages, tip	s, etc.
17	State income tax	18	Local	W	ages, tip	s, etc.
19 Local income tax			Local	ity	name	

Wages, tips, other comp 5376.00 331.45 Social security Social security tax withheld 333.31 wages 5376.00 Medicare wages and tips 5376.00 Dept. Employer use only 000049 KF/GL3 Employer's name, address, and ZIP code

SACROSANCTINFO LLC 39355 CALIFORNIA ST STE 307 FREMONT, CA 94538

b	Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-3091
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 and ZIP code

SRIKANTH PEDAVALLI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240

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

Federal Filing 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.

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

Gross Pay 5,376.00 5,376.00 5,376.00 Reported W-2 Wages 5,376.00 5,376.00 5,376.00

2. Employee Name and Address.

SRIKANTH PEDAVALLI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240

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Wages, tips, other comp. 5376.00			2 Federal income tax withheld 331.45			
3 Social security wages 5376.00			4 Social security tax withheld 333.31			
5 Medicare wages and tips 5376.00			6 Medicare tax withheld 77.95			
d	Control number	Dept.	Corp.	Employer use only		
00	0049 KF/GL3			25		
c Employer's name, address, and ZIP code						

SACROSANCTINFO LIC 39355 CALIFORNIA **ST STE 307** FREMONT, CA 94538

b	Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-3091
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 pay

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

SRIKANTH PEDAVALLI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240

15	State	Employer's	state ID	no. 1	16 State wages, tips, etc.	
					• , . ,	
17	State	income tax		1	18 Local wages, tips, etc.	
					• , , ,	
19	Local	income tax		2	20 Locality name	
l						

State Reference Wage and Tax Statement

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

1	Wages, tips, other of	omp. 76.00	2	Federa	income tax	withl	
3	Social security wage 53	es 76.00	4	Social	security tax	withh	
5	Medicare wages and 53	tips 76.00	6	Medica	re tax withhe		.95
d	Control number	Dept.		Corp.	Employer	use	only
00	0049 KF/GL3						25
c	Employer's name a	ddraee ar	٠d	ZID cod	•		

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b	Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-3091				
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 pay				

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

SRIKANTH PEDAVALLI 4980 USAA BLVD APT 121 SAN ANTONIO, TX 78240

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

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Retur