2023 W-2 and EARNINGS SUMMARY



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

000086 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		r's FEC 31-513	1D number 18617	а	Emp		ee's SS/ (XX-X)	number (-3091	
1	Wages,	tips, ot	her comp.	2	Fede	ral	income	tax withheld	i
			97189.60					8702.05	5
3	Social s	security	wages	4	Soci	al :	security	tax withheld	l
			97189.60					6025.76	6
5	Medicare wages and tips		6	Medi	car	e tax wi			
	97189.60				1409.25				
7	Social s	ecurity	tips	8	Alloc	ate	d tips		
9				10	Depe	nde	ent care	benefits	
11	Nonqual	ified pl	ans	12	a See i	nst	ructionsfo	r box 12	
11	Other			12		Τ			
14	Other			12		1			
				12	-	1			
				13	Stat e	mp	Ret. plan	3rd party sick	pay
15	State	mploye	r's state ID n	D. 16	State	W	ages, tip	s, etc.	
17	State in	come ta	х	18	Loca	l w	ages, tip	s, etc.	
19	Local in	ncome t	ах	20	Loca	lity	name		

1	Wages, tips, other c	2 Federal income tax withheld 8702.05					
3	Social security wage 971	89.60	4 Social	security tax	withheld 6025.76		
5	Medicare wages and 971	l tips 89.60	6 Medica	re tax withh	eld 1409.25		
d	Control number	Dept.	Corp.	Employer	use only		
0.0	00086 KF/GL3			Α	26		
_	C Employer's name address and ZIP code						

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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 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	d 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 Retu

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 Wages Box 5 of W-2 Box 3 of W-2 Box 1 of W-2

97,189.60

97,189.60

97,189.60 Reported W-2 Wages 97,189.60 97,189.60 97,189.60

2. Employee Name and Address.

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Gross Pay

are wages an	89.60 d tips		security tax with 602	
are wages an	d tips	6 Medica		
911	5 Medicare wages and tips 97189.60			9.25
l number	Dept.	Corp.	Employer use	only
KF/GL3			Α	26
5	,	KF/GL3	KF/GL3	

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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	Local	ity nam	е	

State Reference Statement

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

1	Wages, tips, oth	er comp. 7189.60	2	Federa	l income tax	withheld 702.05		
3	Social security 9	vages 7189.60	4	Social	security tax	withheld 025.76		
5	Medicare wages and tips 97189.60			Medica	re tax withhe	ld 409.25		
d	Control number	Dept.		Corp.	Employer	use only		
00	0086 KF/G	L3			Α	26		
С	Employer's name address and ZIP code							

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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 par
		'

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 Return