



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

d Control number 000086 Dept. KF/GL3 Corp. Employer use only **A** 26

c Employer's name, address, and ZIP code
SACROSANCTINFO LLC
 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 **a** Employee's SSA number XXX-XX-3091

1 Wages, tips, other comp. 97189.60	2 Federal income tax withheld 8702.05
3 Social security wages 97189.60	4 Social security tax withheld 6025.76
5 Medicare wages and tips 97189.60	6 Medicare tax withheld 1409.25
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 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

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
Gross Pay	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.

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

© 2023 ADP, Inc.

1 Wages, tips, other comp. 97189.60	2 Federal income tax withheld 8702.05
3 Social security wages 97189.60	4 Social security tax withheld 6025.76
5 Medicare wages and tips 97189.60	6 Medicare tax withheld 1409.25
d Control number 000086 Dept. KF/GL3 Corp. Employer use only A 26	
c 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

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

1 Wages, tips, other comp. 97189.60	2 Federal income tax withheld 8702.05
3 Social security wages 97189.60	4 Social security tax withheld 6025.76
5 Medicare wages and tips 97189.60	6 Medicare tax withheld 1409.25
d Control number 000086 Dept. KF/GL3 Corp. Employer use only A 26	
c 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
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

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

1 Wages, tips, other comp. 97189.60	2 Federal income tax withheld 8702.05
3 Social security wages 97189.60	4 Social security tax withheld 6025.76
5 Medicare wages and tips 97189.60	6 Medicare tax withheld 1409.25
d Control number 000086 Dept. KF/GL3 Corp. Employer use only A 26	
c 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
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

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