| 7 | | | | | | Federal Box | 1 Soc. | Sec. Box 3 & 7 | Medicare Box 5 | |
|--|---|---|------------------------------|----------------------------------|-------------------------|---|--|--|--|---|
| To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or | | | | Gross Wages | | 76404. | | 76404.15 | 76404.15 | |
| with the anions of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. | | | | Txbl Benefits Group Term Life | 50 | 50.0 | .00 | 50.00 | 50.00 | |
| | | se forms, including an explan | Adoption | | | | | | | |
| of the | e letter codes used in l | oox 12, are available on a | Deferred Comp Section 125 | (3834.0 | | 10) | | | | |
| separate document. | | | | Other Pretax/Wag | ge Limit | | | | | |
|) | | | | W-2 Wages | | 72620. | 15 | 76454.15 | 76454.15 | |
| | | | | | | | | | | |
| | ee's social security number XX-0441 | b Employer identification number (EIN 77-0048151 | 1) | d Control number 000006818901 | 7 | | | | OMB | I- 4545.0000 |
| | r's name, address, and ZIP co | | | 00000010301 | 1 Wages, ti | ps, other comper | sation | 2 Federal income | | lo. 1545-0008 |
| | T & SULLIVAN INC | | | | | | 72620.15 | 1 | | 8060.13 |
| 7550 IH-10 West Ste 400 San Antonio TX 78229 | | | | | 3 Social se | curity wages | 76454.15 | 4 Social security t | ax withheld | 4740.16 |
| | | | | | 5 Medicare | wages and tips | | 6 Medicare tax withheld | | |
| e Employee's first name and initial Last name Suff. | | | | ff. | 7 Social se | ourity tipe | 76454.15 | 8 Allocated tips | | 1108.59 |
| Sneha Satyanarayana Varanasi 3039 Kentmere Dr Cumming GA 30040 USA | | | | 7 Good Good Ny Npo | | | | | | |
| | | | | 9 | | | 10 Dependent care benefits | | | |
| | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| f Employe | e's address and ZIP code | | | | | | | Code D | | 3834.00 |
| 15 State GA | Employer's state ID Number 2147497-DO | 16 State wages, tips, etc. 72620.15 | 17 State in | ncome tax 3837.63 | | tory Retirement | Third-party sick Pay | 12b Code | | |
| | | | | | L | X | | 12c Code | ı | |
| 18 Local w | rages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | 12d Code | | |
| | | | | | | | | Code | | |
| | Wage and Tax Statemen | t | | 2023 | | | | artment of the Tre | | |
| Сору С—го | or EMPLOYEE'S RECORDS | | | 2023 | | This information is negligence penalty (| s being furnished to or other sanction m | the Internal Revenue Se ay be imposed on you if t | rvice. If you are require his income is taxable a | d to file a tax return nd you fail to report |
| | | | | I | | | | | | |
| | e's social security number XX-0441 | b Employer identification number (EIN 77-0048151 | 1) | d Control number 000006818901 | | | | | OMB N | No. 1545-0008 |
| c Employe | r's name, address, and ZIP co | de | | ı | 1 Wages, ti | ps, other comper | | 2 Federal income | | |
| FROST & SULLIVAN INC 7550 IH-10 West | | | | | | curity wages | 72620.15 | 4 Social security t | ax withheld | 8060.13 |
| Ste 4 | | | o coolai co | ounty mages | 76454.15 | T Cookin Cooking (| | 4740.16 | | |
| Sali F | AIILOIIIO 1X 76229 | | | | 5 Medicare | wages and tips | 76454.15 | 6 Medicare tax wit | thheld | 1100 F0 |
| | e's first name and initial | Last name | ff. | 7 Social se | curity tips | 76454.15 | 8 Allocated tips | | 1108.59 | |
| Sneha Satyanarayana Varanasi 3039 Kentmere Dr Cumming GA 30040 USA | | | | | | | | 40.0 | | |
| | | | | | 9 | | | 10 Dependent care | e benefits | |
| | | | 11 Nonqual | ified plans | | 12a See instructi | ons for box 12 | 2024.00 | | |
| f Employee's address and ZIP code 15 State Employer's state ID Number 16 State wages, tips, etc. 17 State in. | | | | noomo tav | 13 Statutory Retirement | | Third-party | Code D | | 3834.00 |
| GA | 2147497-DO | 72620.15 | | 3837.63 | 13 empl | oyee plan | sick Pay | Code 12c | | |
| 18 Local w | rages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code | | |
| | | | | | 14 Other | | | 12d Code | | |
| | | | | | | | | | | |
| | Wage and Tax Statemen Be Filed With Employee's FE | | | 2023 | | | Dep | partment of the Tre | asury - Internal F | evenue Servi |
| | | | | | | | | | | |
| a Employe | ee's social security number | b Employer identification number (EIN | 1) | d Control number | | | | | | |
| XXX- | XX-0441 | 77-0048151 | | 000006818901 | | | | _ | | No. 1545-0008 |
| , | r's name, address, and ZIP co | de | | | 1 Wages, ti | ps, other comper | 72620.15 | 2 Federal income | tax withheld | 8060.13 |
| FROST & SULLIVAN INC 7550 IH-10 West | | | | | 3 Social se | curity wages | | 4 Social security t | ax withheld | |
| Ste 4 San A | 00 Antonio TX 78229 | | | | | | 76454.15 | | | 4740.16 |
| | | | | | 5 Medicare | wages and tips | 76454.15 | 6 Medicare tax wit | thheld | 1108.59 |
| e Employee's first name and initial Last name Suff. Sneha Satyanarayana Varanasi | | | | ff. | 7 Social security tips | | - | 8 Allocated tips | | |
| 3039 | Kentmere Dr ning GA 30040 | | | 9 | | | 10 Dependent care | e benefits | | |
| USA | | | | | | | | | - | |
| f Employe | e's address and ZIP code | | 11 Nonqualified plans | | | 12a See instructi Code D | 12a See instructions for box 12 Code D 3834.00 | | | |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statu | itory Retirement | Third-party | 12b | | |
| GA | 2147497-DO | 72620.15 | ļ | 3837.63 | empl | oyee plan | sick Pay | Code 12c | | |
| 18 Local w | rages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code 12d | | |
| | | | ļ | | | | | Code | | |
| | | | | | | | | | | |

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