| | | | | | | Federal Box | 1 Sc | oc. Sec. Box 3 & 7 | Medicare Box 5 | | |
|--|---|--|-----------------------------|----------------------------|-----------------------|----------------------|-------------------------|---|---------------------------------|------------------------|--|
| To the right is information which shows your total wages by | | | | Gross Wages | | 75000.0 | 0 | 75000.00 | 75000.00 | | |
| W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total | | | | Txbl Benefits | | 881.0 | | 881.06 | 881.06 | | |
| wages | s to arrive at your W-2 | 2 wages. | Group Term Life Adoption | | 22.5 | 13 | 22.53 | 22.53 | | | |
| | | se forms, including an explan box 12, are available on a | Deferred Comp | | | | | | | | |
| | ate document. | | Section 125 | | (3570.82 | 2) | (3570.82) | (3570.82) | | | |
| | | | | Other Pretax/Wag W-2 Wages | ge Limit | 72332.7 | 77 | 72332.77 | 72332.77 | | |
| | | | | W-2 Wages | | 72332.7 | , | 72332.77 | 72332.77 | | |
| - FI | -1 | b Employer identification number (EIN | I) | d Control number | 1 | | | | | | |
| a Employee's social security number 839-84-8927 b Employer identification number (EIN) 27-3237099 | | | | 000012038801 | 1.7 | | | | OMB | No. 1545-0008 | |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips, o | | | 2 Federal income | e tax withheld | | |
| | nip Credit Acceptance L | LC | | | 3 Social securit | | 72332.77 | 4 Social security | tay withhold | 1211.88 | |
| | isty Drive Is Ford PA 19317 | | | | o cociai securit | , , | 72332.77 | 4 Oocial Security | tax witineia | 4484.63 | |
| | | | | | 5 Medicare wag | | | 6 Medicare tax w | rithheld | | |
| e Employee | e's first name and initial | Last name | Sur | ff. | 7 Social securit | | 72332.77 | 8 Allocated tips | | 1048.83 | |
| Yukti 4545 | Mission Avenue | Juneja | | | 7 Gociai securit | y upo | | o Allocated tips | | | |
| Apt 10 | | | | | 9 | | | 10 Dependent care benefits | | | |
| USA | 17.75054 | | | | 11 Nonqualified | Inlane | | 12a See instruc | tions for how 12 | | |
| f Employee | s's address and ZIP code | | | | TT Nonquamea | piulio | | Code C | 1 | 22.53 | |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statutory | Retirement | Third-party sick Pay | 12b Code DD | | 19460.76 | |
| | | | } - | | | | | 12c | | 13400.70 | |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code | | | |
| | | | ļ | | - | | | Code | | | |
| | | | | | | | | | | D 0 1 | |
| | Wage and Tax Statemen r EMPLOYEE'S RECORDS | t | | 2023 | Th | is information is | being furnished | epartment of the Tro d to the Internal Revenue S | ervice. If you are requir | ed to file a tax retur | |
| | | | | | negli | igence penalty or | r other sanction | may be imposed on you it | f this income is taxable | and you fail to repor | |
| a Employe | e's social security number | b Employer identification number (EIN | 1) | d Control number | T | | | | | | |
| | 4-8927 | 27-3237099 | _ | 000012038801 | | | - | | OMB | No. 1545-0008 | |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips, o | | sation 72332.77 | 2 Federal income | e tax withheld | 1211 00 | |
| | nip Credit Acceptance Listy Drive | LC | | | 3 Social securit | | 72332.77 | 4 Social security | tax withheld | 1211.88 | |
| | ds Ford PA 19317 | | | | | | 72332.77 | · | | 4484.63 | |
| | | | | | 5 Medicare wag | | | 6 Medicare tax w | rithheld | | |
| e Employee's first name and initial Last name Suff Yukti Juneja 4545 Mission Avenue Apt 1052 Frisco TX 75034 | | | | ff. | 7 Social securit | | 72332.77 | 8 Allocated tips | | 1048.83 | |
| | | | | | | | | | | | |
| | | | | | 9 | | | 10 Dependent ca | 10 Dependent care benefits | | |
| USA | | | | | 11 Nonqualified plans | | | 12a See instruc | 12a See instructions for box 12 | | |
| f Employee | s's address and ZIP code | | | | | | | Code C | | 22.53 | |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statutory employee | Retirement e plan | Third-party sick Pay | 12b Code DD | 1 | 19460.76 | |
| | · | } | <u> </u> | | | | | 12c | | | |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code 12d | | | |
| | | | <u> </u> | | 1 | | | Code | | | |
| om W.2 | Wage and Tax Statemen | <u> </u> | <u> </u> | _ | | | Г | epartment of the Tr | reasury - Internal | Revenue Serv | |
| | Be Filed With Employee's FE | | | 2023 | | | | eparament or the Tr | casary - micriar | revenue ocivi | |
| | | | | | | | | | | | |
| a Employe | e's social security number | b Employer identification number (EIN | 1) | d Control number | | | | | | | |
| | 4-8927 | 27-3237099 | | 000012038801 | i | | | | | No. 1545-0008 | |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips, o | | sation 72332.77 | 2 Federal income | e tax withheld | 1211.88 | |
| Flagship Credit Acceptance LLC 3 Christy Drive | | | | | 3 Social securit | | , 2552, | 4 Social security | tax withheld | 1211.00 | |
| | ds Ford PA 19317 | | | | | | 72332.77 | | | 4484.63 | |
| | | | | | 5 Medicare wag | | דר רכנכר | 6 Medicare tax w | rithheld | 1049 92 | |
| e Employee's first name and initial Last name Suff | | | | ff. | 7 Social securit | | 72332.77 | 8 Allocated tips | | 1048.83 | |
| Yukti Juneja 4545 Mission Avenue | | | | | | | | | | | |
| Apt 1052 Frisco TX 75034 | | | | | 9 | | | 10 Dependent ca | 10 Dependent care benefits | | |
| USA | | | | | 11 Nonqualified | plans | | 12a See instruc | tions for box 12 | | |
| f Employee | 's address and ZIP code | | | | | | | Code C | | 22.53 | |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statutory employee | Retirement e plan | Third-party sick Pay | 12b Code DD | | 19460.76 | |
| | † | } | <u> </u> | | | | | 12c | | | |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code 12d | | | |
| | | } | <u> </u> | | 1 | | | Code | | | |