Reissued

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 0000010345 7A7 DJJK E S 8960

c Employer's name, address, and ZIP code **MAYO FOUNDATION FOR MEDICAL** AGENT FOR:MAYO CLINIC ARIZONA 200 1ST ST SW **ROCHESTER, MN 55905-0001**

e/f Employee's name, address, and ZIP code CHETNA RAVINDRA 5777 E. MAYO BLVD PHOENIX, AZ 85054

b	Emplo	yer's FED ID number 41-1506440	a Employee's SSA number XXX-XX-3428							
1	Wages	tips, other comp.	2 Federal income tax withheld							
		32014.98		3218.19						
3	Social	security wages	4 Social security tax withheld							
5	Medica	re wages and tips	6	6 Medicare tax withheld						
7 Social security tips				8 Allocated tips						
9				10 Dependent care benefits						
11 Nonqualified plans				12a See instructions for box 12 E 516.10						
14	Other			DD			80	0.88	0	
			12c							
			12d		<u> </u>					
			13 S	tat em	p.	Ret, plan	3rd p	arty sic	k pay	
15	State	Employer's state ID no	. 16	State	e v	vages, ti	os, e	tc.		
	ΑZ	41-1506440				32	014	.98		
17 State income tax				18 Local wages, tips, etc.						
		640.30								
19 Local income tax			20 Locality name							
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Wages, tips, other comp 2 Federal income tax withheld 32014.98 3218.19 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld d Control number Dept. Corp. Employer use only 0000010345 7A7 **DJJK** E S 8960 c Employer's name, address, and ZIP code

MAYO FOUNDATION FOR MEDICAL AGENT FOR:MAYO CLINIC ARIZONA 200 1ST ST SW **ROCHESTER, MN 55905-0001**

	b Employer's FED ID number 41-1506440	a Employee's SSA number XXX-XX-3428					
1	7 Social security tips	8 Allocated tips					
	9	10 Dependent care benefits					
	11 Nonqualified plans	12a See instructions for box 12 E 516.10					
	14 Other	^{12b} DD 8083.00					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
1	e/f Employee's name, address	and ZIP code					

CHETNA RAVINDRA 5777 E. MAYO BLVD PHOENIX, AZ 85054

1	15 State	Employer's state ID no.	16	State wages, tips, etc.				
	ΑZ	41-1506440		32014.98				
1	17 State	income tax	18	8 Local wages, tips, etc.				
		640.30						
	19 Local	income tax	20 Locality name					
- 1			_	V.				

Federal Filing Copy Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Return.

2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus

any adjustments made by your employer. GROSS PAY 32,771.08 SOCIAL SECURITY 0.00 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 3,218.19 MEDICARE TAX 0.00 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 640.30 SUI/SDI 0.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

> To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-3428 CHETNA RAVINDRA

5777 E. MAYO BLVD PHOENIX, AZ 85054

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PAGE 1 OF 1

1 Wages, tips, other c	2 Federal income tax withheld 3218.19		1 Wage	1 Wages, tips, other comp. 32014.98			2 Federal income tax with 3218.19				
3 Social security wage	4 Social security tax withheld		3 Socia	3 Social security wages			4 Social security tax withh				
5 Medicare wages and	6 Medicare tax withheld		5 Medic	5 Medicare wages and tips			6 Medicare tax withheld				
d Control number	Dept.	Corp. Employer use only		d Con	d Control number Dept.		Corp. Employer us		yer use		
0000010345 7A7		DJJK	E S	S 8960	00000	10345 7A7		DJJK	E S	8960	
c Employer's name,	c Employer's name, address, and ZIP code										
MAYO FOUND AGENT FOR:1 200 1ST ST SI ROCHESTER,	MAYO CI N	LINIC A	RIZON		AG 200	YO FOUNE ENT FOR:I 1ST ST SI CHESTER,	MAYO C N	LINIC A	RIZONA	1	
b Employer's FED II 41-15064	a Employee's SSA number XXX-XX-3428			b Employer's FED ID number 41-1506440			a Employee's SSA number XXX-XX-3428				
7 Social security tips	8 Allocated tips		7 Socia	7 Social security tips			8 Allocated tips				
9		10 Dependent care benefits		9	9			10 Dependent care benefit			
11 Nonqualified plans		12a			11 Non	qualified plans		12a E			
14 Other		E ^{12b} DD		516.10	14 Othe	14 Other				516	
14 Guioi		12c		8083.00	14 Giller			12b DD		8083	
		12d						12d			
			n Dot nlan	3rd party sick pay					p. Ret. plan	3rd narty	
		13 Stat em	X	i Siu party sick pay				13 Otal Cili	X	oiu paity	
e/f Employee's name	, address	and ZIP	code	•	e/f Employee's name, address and ZIP code						
CHETNA RAV	/INDRA				CHETNA RAVINDRA						
5777 E. MAYO BLVD						5777 E. MAYO BLVD					
PHOENIX, AZ	85054				PHC	DENIX, AZ	85054				
15 State Employer's AZ 41-1506440		. 16 State		tips, etc. 2014.98	15 State	Employer's 41-1506440		. 16 State	•	ps, etc. 014.98	
17 State income tax	10.30	18 Loca	ıl wages,	tips, etc.	17 State income tax 18 Local wages, til			ps, etc.			
19 Local income tax		20 Loca	lity name)	19 Loca	al income tax		20 Loca	lity name		
AZ. Sta	te Filin			000	\.	City or	Local			<u> </u>	

Wage and Tax

Statement

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

5 Medicare wages and	6 Medicare tax withheld									
d Control number	Dept.	Corp.	Emplo	yer use o	only					
0000010345 7A7		DJJK	ES	8960						
c Employer's name, a	ddress, a	nd ZIP co	ode							
MAYO FOUNDATION FOR MEDICAL AGENT FOR:MAYO CLINIC ARIZONA 200 1ST ST SW ROCHESTER, MN 55905-0001										
b Employer's FED ID 41-150644	a Employee's SSA number XXX-XX-3428									
7 Social security tips	8 Allocated tips									
9	10 Dependent care benefits									
11 Nonqualified plans		12a E		516	.10					
14 Other		12b DD	8083.0							
		12c								
		12d								
		13 Stat em	p. Ret. plan	3rd party s	ick pa					
e/f Employee's name,	address	and ZIP o	ode							
CHETNA RAV 5777 E. MAYO E PHOENIX, AZ 8	BLVD									

2 Federal income tax withheld

4 Social security tax withheld

City or Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.