

Reissued

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023 Copy C for employee's records. Control number 0000010345 7A7, Dept. DJJK, Corp. E S 8960, Employer use only. Employer's name, address, and ZIP code: MAYO FOUNDATION FOR MEDICAL AGENT FOR:MAYO CLINIC ARIZONA, 200 1ST ST SW, ROCHESTER, MN 55905-0001. Employee's name, address, and ZIP code: CHETNA RAVINDRA, 5777 E. MAYO BLVD, PHOENIX, AZ 85054. b Employer's FED ID number 41-1506440, a Employee's SSA number XXX-XX-3428. 1 Wages, tips, other comp. 32014.98, 2 Federal income tax withheld 3218.19, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 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, 12b DD 8083.00, 12c, 12d, 13 Stat emp. Ret. plan X 3rd party sick pay, 15 State AZ 41-1506440, 16 State wages, tips, etc. 32014.98, 17 State income tax 640.30, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name.

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.

Table with 2 columns: Description and Amount. Rows include GROSS PAY 32,771.08, SOCIAL SECURITY TAX WITHHELD 0.00, FED. INCOME TAX WITHHELD 3,218.19, BOX 04 OF W-2 MEDICARE TAX WITHHELD 0.00, BOX 06 OF W-2, STATE INCOME TAX 640.30, SUI/SDI 0.00, BOX 17 OF W-2, LOCAL INCOME TAX 0.00, BOX 19 OF W-2.

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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Summary of Form 1: 1 Wages, tips, other comp. 32014.98, 2 Federal income tax withheld 3218.19, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, d Control number 0000010345 7A7, Dept. DJJK, Corp. E S 8960, Employer use only. 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. 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12 E 516.10, 12b DD 8083.00, 12c, 12d, 13 Stat emp. Ret. plan X 3rd party sick pay, e/f Employee's name, address and ZIP code: CHETNA RAVINDRA, 5777 E. MAYO BLVD, PHOENIX, AZ 85054. 15 State AZ 41-1506440, 16 State wages, tips, etc. 32014.98, 17 State income tax 640.30, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name.

Summary of Form 2: 1 Wages, tips, other comp. 32014.98, 2 Federal income tax withheld 3218.19, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, d Control number 0000010345 7A7, Dept. DJJK, Corp. E S 8960, Employer use only. 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. 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12 E 516.10, 12b DD 8083.00, 12c, 12d, 13 Stat emp. Ret. plan X 3rd party sick pay, e/f Employee's name, address and ZIP code: CHETNA RAVINDRA, 5777 E. MAYO BLVD, PHOENIX, AZ 85054. 15 State AZ 41-1506440, 16 State wages, tips, etc. 32014.98, 17 State income tax 640.30, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name.

Summary of Form 3: 1 Wages, tips, other comp. 32014.98, 2 Federal income tax withheld 3218.19, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, d Control number 0000010345 7A7, Dept. DJJK, Corp. E S 8960, Employer use only. 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. 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12 E 516.10, 12b DD 8083.00, 12c, 12d, 13 Stat emp. Ret. plan X 3rd party sick pay, e/f Employee's name, address and ZIP code: CHETNA RAVINDRA, 5777 E. MAYO BLVD, PHOENIX, AZ 85054. 15 State AZ 41-1506440, 16 State wages, tips, etc. 32014.98, 17 State income tax 640.30, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name.

Federal Filing Copy W-2 Wage and Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return.

AZ. State Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's City or Local Income Tax Return.