2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records.

Copy Employer use only

| d | Control | num | ber | Dept. | | Corp. | Е |
|----|---------|-------|-------|----------|-----|---------|----|
| 01 | 0958 | SAN | F/XUF | IL000 | 0 | | A |
| С | Emplo | ver's | name. | address. | and | ZIP cod | le |

PHOTON INFOTECH INC 4835 LBJ FWY STE 540 DALLAS TX 75244

Batch #01643

e/f Employee's name, address, and ZIP code PRAMOD VARMA PINNAMARAJU 212 VILLA CIRCLE DRIVE UNIT #18

PAI ATINE II 60067

| 17/ | ALAI | | IL | | | | | | | | | | |
|-----|---------|---------|-----------|-------|---------|-----|--------|----------|-------|---------|---------|-------|------|
| b | Employ | yer's | FED ID | nui | nber | а | Empl | oye | e's | SSA | \ nu | mber | |
| | | 26- | 01069 | 60 | | | | X | XX- | XX | -84 | 70 | |
| 1 | Wages | , tip | s, other | con | np. | 2 | Feder | ral | inco | me | tax | withh | eld |
| | | | 108 | 030 | .00 | | | | | | 6 | 097. | . 39 |
| 3 | Social | secu | ırity waş | ges | | 4 | Socia | ıl s | ecur | ity | tax | withh | eld |
| | | | 108 | 030 | .00 | | | | | | 6 | 697. | .86 |
| 5 | Medica | are v | ages ar | nd ti | ps | 6 | Medic | care | tax | c wit | hhe | ld | |
| | | | 108 | 030 | .00 | | | | | | 1 | 566. | . 44 |
| 7 | Social | secu | rity tips | 3 | | 8 | Alloca | atec | d tip | s | | | |
| 9 | | | | | | 10 | Depen | der | nt c | are | bene | efits | |
| 11 | Nongu | alified | plans | | | 128 | See ir | nstri | uctio | nsfo | r box | (12 | |
| | • | | • | | | | DD | | | 1 | 508 | 39.8 | 30 |
| 1/ | Other | | | | | 121 | | <u> </u> | | | | | |
| ' | Other | | | | | 120 | ; | <u> </u> | | | | | |
| | | | | | | 120 | | L | | | | | |
| | | | | 13 | Stat er | mp. | Ret. | plan | 3rd p | oarty s | ick pay | | |
| 15 | State | Emp | loyer's | stat | e ID no | 16 | State | wa | ges, | tip | s, et | c. | |
|] | ΓL | 26- | 01069 | 60 | 000 | 8 | | | | 1 | .08 | 030. | .00 |
| 17 | State i | ncon | ne tax | | | 18 | Local | wa | ages | , tip | s, e | tc. | |
| | | | 49 | 933 | .94 | | | | | | | | |
| 19 | Local | incor | ne tax | | | 20 | Local | ity | nan | ne | | | |

| 1 | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | |
|----|--|--------|------|-------------------------------|-----------------|--|--|
| | 1080 | 30.00 | | | 6097.39 | | |
| 3 | 3 Social security wages 108030.00 | | | ial security ta | withheld | | |
| 5 | 5 Medicare wages and tips 108030.00 | | | licare tax withl | neld 1566.44 | | |
| d | Control number | Dept. | Corp | . Employer | use only | | |
| 0: | 10958 SANF/XUR | IL0000 | | A | 522 | | |
| | | | | | | | |

Employer's name, address, and ZIP code PHOTON INFOTECH INC 4835 LBJ FWY STE 540 DALLAS TX 75244

| b | Employer's FED ID number | a Employee's SSA number |
|-----|-----------------------------|--|
| | 26-0106960 | XXX-XX-8470 |
| 7 | Social security tips | 8 Allocated tips |
| 9 | | 10 Dependent care benefits |
| 11 | Nonqualified plans | 12a See instructions for box 12 DD 15089.80 |
| 14 | Other | 12b |
| | | 12c |
| | | 12d |
| | | 13 Stat emp Ret. plan 3rd party sick pay |
| e/f | Employee's name, address an | d ZIP code |

PRAMOD VARMA PINNAMARAJU 212 VILLA CIRCLE DRIVE **UNIT #18**

PALATINE IL 60067

| | 15 State IL | Employer's state ID no. 26-0106960 000 8 | 16 State | wages, tips, etc. 108030.00 |
|---|----------------|--|-----------|--------------------------------|
| | 17 State | income tax | 18 Local | wages, tips, etc. |
| ı | | 4933.94 | | |
| | 19 Local | income tax | 20 Locali | ty name |
| l | | | | |
| | | Federal Fili | ing C | Copy |

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return

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 | IL. State Wages, Tips, Etc. Box 16 of W-2 |
|---------------------|--|--|-----------------------------------|---|
| Gross Pay | 113,736.03 | 113,736.03 | 113,736.03 | 113,736.03 |
| Less Other Cafe 125 | 5,706.03 | 5,706.03 | 5,706.03 | 5,706.03 |
| Reported W-2 Wages | 108,030.00 | 108,030.00 | 108,030.00 | 108,030.00 |

2. Employee Name and Address.

PRAMOD VARMA PINNAMARAJU 212 VILLA CIRCLE DRIVE UNIT #18 PALATINE IL 60067

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| 1 | Wages, tips, other of | omp. 30.00 | 2 Federal income tax withheld 6097.39 | | | |
|----|--------------------------|-----------------|--|----------|----------|--|
| 3 | Social security wag 1080 | es 30.00 | 4 Social security tax withheld 6697.86 | | | |
| 5 | Medicare wages and 1080 | d tips 30.00 | 6 Medicare tax withheld 1566.44 | | | |
| d | Control number | Dept. | Corp. | Employer | use only | |
| Λ1 | .0958 SANF/XUR | IL0000 | | A | 522 | |
| UΙ | | | | | | |

PHOTON INFOTECH INC 4835 LBJ FWY STE 540 DALLAS TX 75244

| b | Employer's FED ID number 26-0106960 | a Employee's SSA number XXX-XX-8470 | | | | | |
|----|-------------------------------------|---|--|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | | |
| 9 | | 10 Dependent care benefits | | | | | |
| 11 | Nonqualified plans | 12a DD 15089.80 | | | | | |
| 14 | Other | 12b | | | | | |
| | | 12c | | | | | |
| | | 12d | | | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | |

e/f Employee's name, address and ZIP code

PRAMOD VARMA PINNAMARAJU 212 VILLA CIRCLE DRIVE UNIT #18 PALATINE IL 60067

| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | |
|----------|-------------------------|----------------------------|--|--|
| IL | 26-0106960 000 8 | 108030.00 | | |
| 17 State | income tax | Local wages, tips, etc. | | |
| | 4933.94 | | | |
| 19 Local | income tax | 20 Locality name | | |
| | | | | |
| | II State Refe | arence Conv | | |

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

| Wages, tips, other c | 2 | Federal income tax withheld | | | |
|----------------------|--|--------------------------------------|----------------------------------|----------------------------------|---------------|
| 1080 | | | 6 | 097.39 | |
| | 4 | Social security tax withheld 6697.86 | | | |
| | 6 | Medica | | eld 566.44 | |
| Control number | Dept. | | Corp. | Employer | use only |
| 0958 SANF/XUR | IL0000 | | | A | 522 |
| | Social security wage 1080 Medicare wages and 1080 Control number | Wages, tips, other comp. | 108030.00 Social security wages | 108030.00 Social security wages | 108030.00 6 |

c Employer's name, address, and ZIP code

PHOTON INFOTECH INC 4835 LBJ FWY STE 540 DALLAS TX 75244

| \ number | | | | |
|--------------------|--|--|--|--|
| -8470 | | | | |
| 8 Allocated tips | | | | |
| benefits | | | | |
| 5089.80 | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3rd party sick pay | | | | |
| | | | | |

e/f Employee's name, address and ZIP code

PRAMOD VARMA PINNAMARAJU 212 VILLA CIRCLE DRIVE UNIT #18 PALATINE IL 60067

| 15 State | Employer's | state ID no | o. 16 | State | wages, | tips, etc. | |
|----------|------------|-------------|--------------|-------|---------|------------|------|
| IL | 26-010696 | 50 000 | 8 | | | 108030 | 0.00 |
| 17 State | income tax | | 18 | Local | wages, | tips, etc. | |
| | 49 | 33.94 | | | | | |
| 19 Local | income tax | | 20 | Local | ity nam | е | |
| | | | | | | | |

IL.State Filing Copy Wage and Tax Statement

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