Form W-2 Wage and Tax Statement 2023 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service COPY B To Be Filed With Employee's FEDERAL Tax Return Control number Employer identification number 87-3243043 661798125 Employer's name, address and zip code Employee's SSN 1 Wages, tips, other compensation 2 Federal income tax withheld Burns & McDonnell Western Enterprises, Inc. 537-83-6030 57199.25 4806.84 140 S. State College Blvd. 7 Social security tips 3 Social security wages 4 Social security tax withheld Suite 100 65346.89 4051 51 Brea CA 92821 8 Allocated tips 5 Medicare wages and tips 6 Medicare tax withheld 65346.89 947.53 Employee's first name and init Last Name Suffix 10 Dependent care benefits 11 Nonqualified plans Chelladurai Anil 15101 Fairfield Ranch Rd 12a AA 1236.25 14 Other 13 Statutory Employee Apt 14202 CASDI 588.12 Chino Hills CA 91709 12b C 37.44 Retirement Plan X 12c D 8147.64 Third-party sick pay 12d DD Employee's address and ZIP code 11088.00 Employer's State ID number 16 State wages, tips etc. 15 State 17 State income tax 18 Local wages, tips etc. 19 Local income tax 20 Locality name 170-2104-9 57199.25 CA 2042.38 This information is being furnished to the Internal Revenue Service