

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2023	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
00037846 RXE		PB75	A S 5571
c Employer's name, address, and ZIP code			
AMERICAN NATIONAL INSURANCE COMPANY 1 MOODY PLZ GALVESTON, TX 77550			
e/f Employee's name, address, and ZIP code			
SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97123			
b Employer's FED ID number	a Employee's SSA number		
74-0484030	XXX-XX-1950		
1 Wages, tips, other comp.	2 Federal income tax withheld		
134844.76	12456.27		
3 Social security wages	4 Social security tax withheld		
140445.16	8707.60		
5 Medicare wages and tips	6 Medicare tax withheld		
140445.16	2036.45		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 191.88		
14 Other	12b D 5600.40		
134.92 OR STT WH 797.40 OR PFML	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
		X	
15 State	Employer's state ID no.	16 State wages, tips, etc.	
OR	00013136 0	134844.76	
17 State income tax	18 Local wages, tips, etc.		
10098.18			
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

Social Security Number: XXX-XX-1950

SANTOSH N KARRA
4129 SE POWDER LN
HILLSBORO, OR 97123

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PAGE 1 OF 1

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OR. State Filing Copy	
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Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
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