## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 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 Employer's FED ID number 74-0484030 a Employee's SSA number XXX-XX-1950 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 8 Allocated tips 7 Social security tips 10 Dependent care benefits 12a See instructions for box 12 C | 191.88 12b D <u>5600.40</u> 11 Nonqualified plans 14 Other 134.92 OR STT WH 797.40 OR PFML 12c

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

1 Wages, tips, other comp. 134844.76		2 Federal income tax withheld 12456.27		
3 Social security wages 140445.16		4 Social security tax withheld 8707.60		
5 Medicare wages and tips 140445.16		6 Medicare tax withheld 2036.45		
d Control number	Dept.	Corp.	Employer use only	
00037846 RXE		PB75	A S 5571	
c Employer's name address and ZIP code				

15 State Employer's state ID no. 16 State wages, tips, etc.

134844.76

18 Local wages, tips, etc.

20 Locality name

00013136

10098.18

17 State income tax

19 Local income tax

OR

AMERICAN NATIONAL INSURANCE COMPANY 1 MOODY PLZ **GALVESTON, TX 77550** 

b Employer's FED ID number 74-0484030	a Employee's SSA number XXX-XX-1950			
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 134.92 OR STT WH	<sup>12b</sup> D   5600.40			
797.40 OR PFML	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code				

SANTOSH N KARRA **4129 SE POWDER LN** HILLSBORO, OR 97123

1			
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.
	10098.1	8	
19 Local income tax		20	Locality name

Federal Filing Copy Wage and Tax Statement

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

1 Wages, tips, other comp 2 Federal income tax withheld 134844.76 12456.27 3 Social security wages 4 Social security tax withheld 87<u>07.60</u> 140445.16 5 Medicare wages and tips 6 Medicare tax withheld 140445.16 2036.45 d Control number Dept. Corp. Employer use only PB7<u>5</u> 00037846 RXE A S 5571 c Employer's name, address, and ZIP code AMERICAN NATIONAL INSURANCE COMPANY 1 MOODY PLZ **GALVESTON, TX 77550** 

a Emplo	a Employee's SSA number XXX-XX-1950		
8 Alloca	8 Allocated tips		
10 Depe	endent ca	re benefits	
12a C		191.88	
<sup>12b</sup> D		5600.40	
12c			
12d			
13 Stat em	p. Ret. plan <b>X</b>	3rd party sick pay	
	10 Depe	10 Dependent ca  12a  C    12b D    12c	

SANTOSH N KARRA **4129 SE POWDER LN** HILLSBORO, OR 97123

15 State	15 State Employer's state ID no.		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

OR. State Filing Copy Wage and Tax Statement

1	Wages, tips, other co		2 Federal income tax withheld 12456.27		
3	Social security wage 140445		4 Social security tax withheld 8707.60		
5	5 Medicare wages and tips 140445.16		6 Medicare tax withheld 2036.45		
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** 

b Employer's FED ID number 74-0484030	a Employee's SSA number XXX-XX-1950		
7 Social security tips	8 Allocated tips		
9	10 Depe	ndent car	e benefits
11 Nonqualified plans	12a C		191.88
14 Other 134.92 OR STT WH	<sup>12b</sup> D		5600.40
797.40 OR PFML	12c		
	12d		
	13 Stat em	p. Ret. plan X	3rd party sick pay
e/f Employee's name, address	and ZIP c	ode	

SANTOSH N KARRA **4129 SE POWDER LN** HILLSBORO, OR 97123

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

City or Local Filing Wage and Tax Statement

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