## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Corp. Employer use only Control number 0000121399 WKT N160 E S 16728 c Employer's name, address, and ZIP code

**BLOOMBERG L P** 731 LEXINGTON AVENUE NEW YORK, NY 10022

e/f Employee's name, address, and ZIP code SAIVIVEK G SHERLA **36 WASHINGTON AVE APT 607** CARTERET, NJ 07008

b Employer's FED ID number a Employee's SSA number 13-3417984 Wages, tips, other comp XXX-XX-1035 2 Federal income tax withheld 225007.91 43315.59 3 Social security wages 4 Social security tax withheld 160200.00 9932.40 5 Medicare wages and tips 6 Medicare tax withheld 225007.91 3487.68 8 Allocated tips 7 Social security tips 10 Dependent care benefits 12a See instructions for box 12 C 108.00 12b AA 1500.00 11 Nonqualified plans 14 Other 399.43 NY PFL 12c DD 9951.60 12d 13 Stat emp. Ret, plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 17 State income tax 18 Local wages, tips, etc. 15654.58 19 Local income tax 20 Locality name

1 Wages, tips, other co 225007	s, tips, other comp. 225007.91		2 Federal income tax withheld 43315.59		
3 Social security wage 160200		4 Social security tax withheld 9932.40			
5 Medicare wages and 225007		6 Medicare tax withheld 3487.68			
d Control number	Dept.	Corp.	Employer use only		
0000121399 WKT		N160	E S 16728		
a Employer's name a	ddroco o	nd 7ID 00	do		

Employer's name, address, and ZIP code

**BLOOMBERG L P** 731 LEXINGTON AVENUE **NEW YORK, NY 10022** 

b Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-1035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 108.00
14 Other 399.43 NY PFL	<sup>12b</sup> AA 15500.00
399.43 NI FFE	12c DD 9951.60
1	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	and ZIP code
0411/11/15/4	

SAIVIVEK G SHERLA **36 WASHINGTON AVE APT 607** 

CARTERET, NJ 07008

15	State	Employer's state ID no. TOTAL STATE	16	State wages, tips, etc.
17	State	income tax 15654.58	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

Federal Filing Copy Wage and Tax Statement

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

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

У	adjustments made by	y your employer.		
	GROSS PAY	225,007.91	SOCIAL SECURITY	9,932.40
			TAX WITHHELD	
			BOX 04 OF W-2	
	FED. INCOME	43,315.59	MEDICARE TAX	3,487.68
	TAX WITHHELD		WITHHELD	
	BOX 02 OF W-2		BOX 06 OF W-2	
	STATE INCOME TAX	15,654.58	SUI/SDI	0.00
	BOX 17 OF W-2		BOX 14 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-1035

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## PAGE 1 OF 2

d	Control number 0000121399 WKT	Dept.	Corp. N160	Employer use only E S 16728
5	Medicare wages and 225007		6 Medica	are tax withheld 3487.68
3	Social security wage 160200		4 Social	security tax withheld 9932.40
1	Wages, tips, other co	•	2 Federa	I income tax withheld 43315.59

c Employer's name, address, and ZIP code

**BLOOMBERG L P** 731 LEXINGTON AVENUE NEW YORK, NY 10022

b Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-1035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
-	C   108.00
14 Other 399.43 NY PFL	<sup>12b</sup> AA 15500.00
399.43 NT FFE	<sup>12c</sup> DD 9951.60
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code	

SAIVIVEK G SHERLA **36 WASHINGTON AVE APT 607** CARTERET, NJ 07008

15 State		16 State wages, tips, etc.
NJ	133-417-984/000	210715.73
17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	NI 0 1 D 1	

NJ. State Reference Co Wage and Tax Statement

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

1	Wages, tips, other co	mp.	2 Federa	I income tax withheld
225007.91				43315.59
3	Social security wage	s	4 Social security tax withheld	
160200.00		9932.40		
5	Medicare wages and tips 225007.91		6 Medicare tax withheld 3487.68	
d	Control number	Dept.	Corp.	Employer use only
	0000121399 WKT		N160	E S 16728

c Employer's name, address, and ZIP code

**BLOOMBERG L P** 731 LEXINGTON AVENUE **NEW YORK, NY 10022** 

b Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-1035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a C   108.00
14 Other 399.43 NY PFL	<sup>12b</sup> AA 15500.00
399.43 NT FFE	<sup>12c</sup> DD   9951.60
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	and ZIP code

SAIVIVEK G SHERLA **36 WASHINGTON AVE APT 607** CARTERET, NJ 07008

	15 State	Employer's state ID no.	16	State wages, tips, etc.
	NJ	133-417-984/000		210715.73
17 State income tax		18	Local wages, tips, etc.	
	19 Local	income tax	20	Locality name

NJ. State Filing Copy Wage and Tax Statement

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

## 2023 W-2 and EARNINGS SUMMARY

NY. State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. Control number Dept. Corp. Employer use only 0000121399 WKT N160 E S 16729 c Employer's name, address, and ZIP code **BLOOMBERG L P** 731 LEXINGTON AVENUE NEW YORK, NY 10022 e/f Employee's name, address, and ZIP code SAIVIVEK G SHERLA **36 WASHINGTON AVE APT 607** CARTERET, NJ 07008 b Employer's FED ID number a Employee's SSA number 13-3417984 Wages, tips, other comp XXX-XX-1035 2 Federal income tax withheld 225007.91 43315.59 3 Social security wages 4 Social security tax withheld 160200.00 9932.40 5 Medicare wages and tips 6 Medicare tax withheld 225007.91 3487.68 8 Allocated tips 7 Social security tips 10 Dependent care benefits 12a See instructions for box 12 C | 108.00 12b AA | 15500.00 12c DD | 9951.60 11 Nonqualified plans 12b AA 12c DD 14 Other 399.43 NY PFL

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d Control number	Dept.	Corp.	Employer use only	
0000121399 WKT		N160	E S 16729	

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

133417984

15654.58

NY

17 State income tax

19 Local income tax

12d | 13 Stat emp | Ret. plan | 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

225007.91

c Employer's name, address, and ZIP code

BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022

b Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-1035
7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a See instructions for box 12 C 108.00
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333.43 NI FFL	12c DD 9951.60
	12d
	13 Stat emp Ret. plan 3rd party sick pay
elf Employee's name address	and ZIP code

SAIVIVEK G SHERLA 36 WASHINGTON AVE APT 607

CARTERET, NJ 07008

15 State	Employer's state ID no.	16	State wages, tips, etc.	
NY	133417984 1		225007.91	
17 State income tax		18	Local wages, tips, etc.	
15654.58				
19 Local income tax		20	Locality name	

NY. State Filing Copy
Wage and Tax
Statement

2023 OMB No. 1545-0008

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

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			BOX 04 OF W-2			
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	STATE INCOME TAX	15,654.58	SUI/SDI	0.00		
	BOX 17 OF W-2		BOX 14 OF W-2			
	LOCAL INCOME TAX	0.00				
	BOX 19 OF W-2					

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Social Security Number: XXX-XX-1035

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