## 2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy C for employee's recor	ds.		OND NO.	1343-000
d Control number	Dept.	Corp.	Employer	use or
001196 CLIF/MAG			A	:

Employer's name, address, and ZIP code

SALIGRAM SYSTEMS INC 666 PLAINSBORO RD #1365 PLAINSBORO NJ 08536

Batch #02107

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

**UMA JANGAM** 37 BLEECKER STREET APT 2

JE	ERSE	Y CITY NJ 07:	30	7				
b	b Employer's FED ID number			a Employee's SSA number				
26-0364572				XXX	-xx	-8481		
1	Wages	s, tips, other comp.	2	Feder	al inc	ome	tax withheld	
		108052.37					16124.12	
3 Social security wages			4	4 Social security tax withheld				
5	Medic	are wages and tips	6 Medicare tax withheld					
7	Social	security tips	8 Allocated tips					
9			10	Depen	dent	care	benefits	
11	Nonqu	alified plans			structi 	onsfo	r box 12	
14	Other		12		l			
'~	Other	174.68 UI/WF/SWF	12	С	1			
		64.83 FLI	12	d	1			
			13	Stat er	np Ret	. plan	3rd party sick pay	
15	State	Employer's state ID no	. 16	State	wages	, tip	s, etc.	
1	IJ	260364572/000				1	.08052.37	
17	17 State income tax		18	Local	wages	s, tip	s, etc.	
		5244.41						
19 Local income tax		20 Locality name						

1 Wages, tips, other comp. 108052.37			2 Federal income tax withheld 16124.12			
3 Social security wages			4 Social security tax withheld			
5 Medicare wages and tips		6 Medicare tax withheld				
d Control number	Dept.	Corp. Employer use only			only	
001196 CLIF/MAG				A		20
c Employer's name address and ZIP code						

SALIGRAM SYSTEMS INC 666 PLAINSBORO RD #1365 PLAINSBORO NJ 08536

b	Employer's FED ID number 26-0364572	a Employee's SSA number XXX-XX-8481						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12						
14	Other	12b						
	174.68 UI/WF/SWF	12c						
	64.83 FLI	12d						
		13 Stat emp Ret. plan 3rd party sick pay						
		170						

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

**UMA JANGAM** 37 BLEECKER STREET JERSEY CITY NJ 07307

15	State	Employer's	state ID no.	16	State	wages,	tips, etc.
N	IJ	2603645	72/000				108052.37
17	State	income tax		18	Local	wages,	tips, etc.
		5	244.41				
19	Local	income tax		20	Local	ity nam	е

Federal Filing Copy Wage and Tax Statement OMB Copy B to be filed with employee's Federal Income Tax Retu

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	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	108,052.37	108,052.37	108,052.37	108,052.37
Less Exempt Wages	N/A	108,052.37	108,052.37	N/A
Reported W-2 Wages	108,052.37	0.00	0.00	108,052.37

2. Employee Name and Address.

## UMA JANGAM 37 BLEECKER STREET APT 2 **JERSEY CITY NJ 07307**

	© 2023 ADP, Inc.						
1	Wages, tips, other comp.	2 Federal income tax withhe					
	108052.37				16124.12		
3	Social security wages	4 So	cial	security to	ax withheld		
5	Medicare wages and tips	6 Medicare tax withheld					
d	Control number Dept.	Corp	١.	Employe	r use only		
00	1196 CLIF/MAG			A	20		
С	Employer's name, address, ar	nd ZIP	coc	de			
SALIGRAM SYSTEMS INC 666 PLAINSBORO RD #1365 PLAINSBORO NJ 08536							
b	Employer's FED ID number	a Em	plo	yee's SSA			
7	26-0364572			XXX-XX-	8481		
7	Social security tips	8 Allocated tips					
9		10 Dep	en	dent care	benefits		
11	Nonqualified plans	12a		ı			
14	Other	12b	_				
		12c	_				
	174.68 UI/WF/SWF 64.83 FLI	12d	4				
		13 04-4		n Dat mla : 3	trd party sick rest		
		13 Stat	em	p. Ret. plan 3	ard party sick pay		
e/f	Employee's name, address ar	nd ZIP	coc	le			
UMA JANGAM 37 BLEECKER STREET APT 2 JERSEY CITY NJ 07307							
	State Employer's state ID no. 260364572/000	16 <b>Sta</b>	te		s, etc. 08052.37		
17	State income tax	18 <b>Lo</b>	cal	wages, tips	s, etc.		
	5244.41						
19	Local income tax	20 <b>Lo</b>	cali	ty name			

NJ.State Reference

Statement

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

Wage and Tax

Wages, tips, other comp. 108052.37		2 Federal income tax withheld 16124.12					
3 Social security wage	Social security wages		security tax	withheld			
5 Medicare wages and	tips	6 Medica	are tax withh	eld			
d Control number	Dept.	Corp.	Employer	use only			
001196 CLIF/MAG			A	20			
c Employer's name, ac	ldress, ar	nd ZIP cod	le				
SALIGRAM SYSTEMS INC 666 PLAINSBORO RD #1365 PLAINSBORO NJ 08536							
b Employer's FED ID r 26-036457		a Employee's SSA number XXX-XX-8481					
7 Social security tips		8 Allocated tips					
9		10 Depend	dent care bei	nefits			
11 Nonqualified plans		12a					
14 Other		12b					
174.68 UI/W	/F/SWF	12c					
64.83 FLI		12d					
		13 Stat en	p. Ret. plan 3rd	party sick pay			
e/f Employee's name, a	ddress ar	d ZIP cod	e				
UMA JANGAM 37 BLEECKER STREET APT 2 JERSEY CITY NJ 07307							
	15 State Employer's state ID no. 16 State wages, tips, etc. NJ 260364572/000 108052.37						
17 State income tax	4.41	18 Local wages, tips, etc.					
19 Local income tax	1.11	20 Locality name					
NJ.Stat	e Fili			00			

Wage and Tax

Statement