Dept. of the Treasury - Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.												
	REISSUED STATEMENT							TIPS, OTHER COMPENSATION		2 FEDERAL INCO	ME TAX WITHHELD	
This information is being furnished to the Internal Revenue Service B. EMPLOYER IDENTIFICATION NUMBER				202		NO. 1545-0008	122065.24			21963.36 4 SOCIAL SECURITY TAX WITHHELD		
31-1343	31-1343192 C. EMPLOYER'S NAME ADDRESS AND ZIP CODE				X-XX-8		129926.20 5 MEDICARE WAGES AND TIPS			8055.42		
EXPERIAN INFORMATION SOLUTIONS 475 ANTON BLVD BLDG D							129926.20 7 SOCIAL SECURITY TIPS		1883.93			
COSTA MESA, CA 92626-7037				13 Statutory Retirement Third-Party Employee Plan Sick Pay			a		10 DEPENDANT CARE BENEFITS			
F. EMPLOYEE'S FIR	RST NAME AN	ND INITIAL LAST NAM	ИF		X	SUFF.	11 NONOLL	ALIFIED PLANS		12 a-d		
SANKET 15123 B APT 239	O SELOKAR URST ST CA 92683	SULT.			14 OTHER	CA SDI	1168.54	C DD	7860.96 88.32 22378.32			
F. EMPLOYEE'S AD 15 STATE EMPL	DRESS AND OYER'S STA	ZIPCODE TE I.D. NO.	16 STA	ATE WAGES, T	-, -	17 STATE INCOM		18 LOCAL WAGES, TIPS, ETC). 19 LOCA	L INCOME TAX	20 LOCALITY NAME	
CA 42	2580126)		12206	5.24	884	18.42	FOLD AND TEAR ALONG PERFORATION				
D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service OMB NO. 1545-0008								1 WAGES , TIPS, OTHER COMPENSATION 2 FEDERAL INCOME TAX WITHHELD				
	I			. EMPLOYEE'S SOCIAL SECURITY NUMBER			3 SOCIAL SE	122065.24 3 SOCIAL SECURITY WAGES			21963.36 4 SOCIAL SECURITY TAX WITHHELD	
31-1343192 C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE				XXX-XX-8335			129926.20 5 MEDICARE WAGES AND TIPS			8055.42 6 MEDICARE TAX WITHHELD		
EXPERIAN INFORMATION SOLUTIONS 475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037							129926.20 7 SOCIAL SECURITY TIPS			1883.93		
	REISSUED STATEMENT										10 DEPENDANT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SANKET DEVRAO SELOKAR							11 NONQUAL	IFIED PLANS	e sacted construction of the construction of t	^{12 a-d} D	7860.96	
15123 BROOKHURST ST							14 OTHER	CA SDI	1168.54	C DD	88.32 22378.32	
APT 239 WESTMINSTER, CA 92683										13 Statutory	Retirement Third-Party	
F. EMPLOYEE'S ADD	DRESS AND Z	PCODE	16 STAT	TE WAGES, TIF	PS,ETC.	17 STATE INCOME	TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	Employee INCOME TAX	Plan X Sick pay 20 LOCALITY NAME	
CA 42580126 122065.24 884 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return							8 . 42 Dept. of the Treasury - Internal Revenue Service					
FORM W-2 Wage and Tax Statement 20								023 FOLD AND TEAR ALONG PERFORATION				
	D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service			OMB NO. 1545-0008			1 WAGES, TIPS, OTHER COMPENSATION 122065.24			2 FEDERAL INCOM	21963.36	
B. EMPLOYER IDENTI	MBER	EMPLOYEE'S SOCIAL SECURITY NUMBER XXX-XX-8335			3 SOCIAL SECURITY WAGES 129926.20		4 SOCIAL SECURITY TAX WITHHELD 8055.42					
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE							5 MEDICARE WAGES AND TIPS 129926.20			6 MEDICARE TAX	1883.93	
EXPERIAN INFORMATION SOLUTIONS 475 ANTON BLVD BLDG D							7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS		
COSTA MESA, CA 92626-7037							9			10 DEPENDANT CARE BENEFITS		
E. EMPLOYEE'S FIRS	REISSUED STATEMENT E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.							11 NONQUALIFIED PLANS			7860.96	
SANKET DEVRAO SELOKAR 15123 BROOKHURST ST APT 239							14 OTHER CA SDI 1168.54			12 a-d D C DD	88.32 22378.32	
WESTMIN	ISTER,	CA 92683								13 Statutory	Retirement X Third-Party Plan X Sick pay	
1 1	OYER'S STAT		16 STAT	TE WAGES, TIP		17 STATE INCOME		18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	Employee	Plan A Sick pay 20 LOCALITY NAME	
	80126		<u> </u>		65.24	1	8.42		Dept. o	f the Treasury -	Internal Revenue Service	
		Employee's STAT and Tax Stat			tax return	2	023		·	D TEAR ALONG		
D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service OMB NO. 1545-0008							1 WAGES, TIPS, OTHER COMPENSATION 2 FEDERAL INCOME TAX WITHHELD 21963.36					
	B. EMPLOYER IDENTIFICATION NUMBER A. E 31-1343192			EMPLOYEE'S SO	OCIAL SECURIT		3 SOCIAL SECURITY WAGES 129926.20			4 SOCIAL SECURITY TAX WITHHELD 8055.42		
C. EMPLOYER'S N	IAME, ADDR	ESS AND ZIP CODE	COT 115		<u> </u>	•	5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD		
EXPERIAN INFORMATION SOLUTIONS 475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037							129926.20 7 SOCIAL SECURITY TIPS			1883.93		
REISSUED STATEMENT							9			10 DEPENDANT CARE BENEFITS		
E. EMPLOYEE'S FIRS			ME	KET	NS O E D	STATEMENT SUFF.	11 NONQUAL	IFIED PLANS	<u> </u>	^{12 a-d} D	7860.96	
SANKET DEVRAO SELOKAR 15123 BROOKHURST ST APT 239							14 OTHER	CA SDI	1168.54	C DD	88.32 22378.32	
WESTMIN F. EMPLOYEE'S ADD	-	CA 92683								13 Statutory Employee	Retirement X Third-Party Sick pay	
15 STATE EMPLO	OYER'S STAT 80126		16 STAT	TE WAGES, TIP	ов,етс. 65.24	17 STATE INCOME 1	FAX 18.42	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

2023

FOLD AND TEAR ALONG PERFORATION

Dept. of the Treasury - Internal Revenue Service

DIAN CERIDIAN CERIDIA

EXPERIAN INFORMATION SOLUTIONS

475 ANTON BLVD BLDG D COSTA MESA, CA 92626-7037

IMPORTANT TAX DOCUMENT ENCLOSED

311343192, SELOKAR, SANKET DEVRAO,

SANKET DEVRAO SELOKAR 15123 BROOKHURST ST APT 239 WESTMINSTER, CA 92683

I CERIDIAN CERIDIAN CERIDIAN CERIDIAN CERI DIAN CERIDIAN CERIDIAN CERIDIAN CERIDIAN CERIDIAN

002089

CERIDIAN CER