2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only 000018 RB/GVM

SICL AMERICA INC 101 ROUTE 130 S SUITE 411 CINNAMINSON, NJ 08077

Employer's name, address, and ZIP code

Batch #91152

e/f Employee's name, address, and ZIP code LAKSHMI NAGA VENK PASUMARTHI 2401 W PFLUGERVILLE PKWY **APT 621**

ROUND ROCK, TX 78664-2457

Employer's FED ID number a Employee's SSA number 61-1773696 XXX-XX-5653 Wages, tips, other comp. Federal income tax withheld 71676.13 9684.35 Social security wages Social security tax withheld 71676.13 4443.92 Medicare wages and tips 6 Medicare tax withheld 71676.13 1039.30 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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 Social Security Medicare Wages Wages Box 3 of W-2 Box 1 of W-2 Box 5 of W-2 80,140.00 80,140.00 80,140.00 Gross Pav Less Other Cafe 125 8,463.87 8,463.87 8,463.87 Reported W-2 Wages 71,676.13 71,676.13 71,676.13

2. Employee Name and Address.

LAKSHMI NAGA VENK PASUMARTHI 2401 W PFLUGERVILLE PKWY **APT 621** ROUND ROCK, TX 78664-2457

2 Federal income tax withheld

9684.35

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Wages, tips, other comp

71676.13

| 1 | Wages, tips, other of 716 | omp. 76.13 | 2 Federal income tax withheld 9684.35 | | | | |
|--|---------------------------|----------------------|--|-------------------|--|--|--|
| 3 | Social security wage 716 | s 76.13 | 4 Social security tax withheld 4443.92 | | | | |
| 5 | Medicare wages and 716 | tips 76.13 | 6 Medicare tax withheld 1039.30 | | | | |
| d | Control number | Dept. | Corp. | Employer use only | | | |
| 00 | 00018 RB/GVM | | | 15 | | | |
| c Employer's name, address, and ZIP code | | | | | | | |

SICL AMERICA INC 101 ROUTE 130 S SUITE 411 CINNAMINSON, NJ 08077

| b | Employer's FED ID number 61-1773696 | a Employee's SSA number XXX-XX-5653 | | | | | | |
|-----|---|---|--|--|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | | | |
| 9 | | 10 Dependent care benefits | | | | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | | | | | | |
| 14 | Other | 12b | | | | | | |
| | | 12c | | | | | | |
| | | 12d | | | | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | | |
| e/f | e/f Employee's name, address and ZIP code | | | | | | | |

LAKSHMI NAGA VENK PASUMARTHI 2401 W PFLUGERVILLE PKWY APT 621

ROUND ROCK, TX 78664-2457

| 15 | State | Employer's | state ID no. | 16 State | wages, tips, etc. |
|----|-------|------------|--------------|----------|-------------------|
| 17 | State | income tax | | 18 Local | wages, tips, etc. |
| 19 | Local | income tax | | 20 Local | ity name |

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

| _ | 0 11 11 | | _ | | | | | |
|-----|---|---|--|----------|-------|---------------|-------|----------------|
| 3 | Social security was 716 | 76.13 | 4 Social security tax withheld 4443.92 | | | | | |
| 5 | Medicare wages an 716 | d tips 76.13 | 6 | Medica | are | tax wi | | ld 039.30 |
| d | Control number | Dept. | (| Corp. | | Employ | er | use only |
| 00 | 00018 RB/GVM | I | | | | | | 15 |
| С | Employer's name, a | address, ar | nd Z | IP cod | le | | | |
| | SICL AME 101 ROUT SUITE 41 CINNAMINS | E 130 1 | | 5 | 077 | | | |
| b | Employer's FED ID 61-177369 | 96 | | | XX | <u> X-X</u>) | | |
| 7 | Social security tips | | 8 Allocated tips | | | | | |
| 9 | | | 10 | Depen | dent | care | ben | efits |
| 11 | Nonqualified plans | *************************************** | 12 a | | | | | |
| 14 | Other | | 12b | <u> </u> | | | | |
| | | | 12c | | | | | |
| | | | 12d | | | | | |
| | | | 13 : | Stat em | p. Re | t. plan | 3rd p | oarty sick pay |
| | | | | | | | | |
| e/f | Employee's name, | address ar | d Z | IP cod | le | | | |

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

State Reference

Statement

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

Wage and Tax

18 Local wages, tips, etc.

Copy

20 Locality name

17 State income tax

19 Local income tax

| 5 | Medicare wages and 716 | 1 tips 76.13 | 6 Medica | are tax wit | 1039.30 | | |
|----------|---|-------------------------------------|------------|--------------|--------------------|--|--|
| d | Control number | Dept. | Corp. | Employ | ver use only | | |
| 00 | 0018 RB/GVM | | | | 15 | | |
| С | Employer's name, a | ddress, ar | nd ZIP cod | le | | | |
| | SICL AME 101 ROUT SUITE 411 CINNAMINS | E 130 | | 077 | | | |
| b | Employer's FED ID 61-177369 | a Employee's SSA number XXX-XX-5653 | | | | | |
| 7 | Social security tips | | 8 Alloca | ted tips | | | |
| 9 | | | 10 Depend | dent care | benefits | | |
| 11 | Nonqualified plans | | 12a | | | | |
| 14 | Other | | 12b | | | | |
| | | | 12c | | | | |
| | | | 12d | | | | |
| | | | 13 Stat en | p. Ret. plan | 3rd party sick pay | | |
| e/f | Employee's name, a | ddress ar | d ZIP cod | e | | | |
| 24 AF | AKSHMI NAGA 01 W PFLUG PT 621 DUND ROCK, | ERVILL | E PKW | | II | | |
| 15 | State Employer's s | tate ID no. | 16 State | wages, tip | s, etc. | | |

71676.13

Social security wages 71676.13

17 State income tax

19 Local income tax

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

18 Local wages, tips, etc.

20 Locality name

City or Local Reference

Wage and Tax

Statement

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

9684.35