Employee Reference Copy Wage and Tax Statement OMB No. 1545-0008 Copy C for employee's records.

Control number Dept. Corp. Employer use only 0000000187 VMI 007 B<u>U05</u> ADS 4654 c Employer's name, address, and ZIP code

SCMS ADMINISTRATIVE SERVICES INC 8125 SEDGWICK WAY MEMPHIS, TN 38125

AGENT FOR HIGHMARK - INSURED NY

e/f Employee's name, address, and ZIP code AJAYKUMAR GORANTLA 11 WYATTS CIR RENSSELAER, NY 12144

Employer's FED ID number a Employee's SSA number 62-1660982 XXX-XX-8175
Wages, tips, other comp. 2 Federal income tax withheld 6786.48 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 2a See instructions for box 12 14 Other 12c 12d | 13 Stat emp. | Ret, plan | 3rd party sick pay X 15 State Employer's state ID no. 16 State wages, tips, etc. NY 621660982 6786.48 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

> Federal Filing Copy Wage and Tax

Copy B to be filed with employee's Federal Inco

Statement

2023 W-2 and EARNINGS SUMMARY

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

| - | and an emerch made by your | embroler. | | |
|---|----------------------------|-----------|-----------------|------|
| | GROSS PAY | 6,786.48 | SOCIAL SECURITY | 0.00 |
| | | | TAX WITHHELD | |
| | | | BOX 04 OF W-2 | |
| | FED. INCOME | 0.00 | MEDICARE TAX | 0.00 |
| | TAX WITHHELD | | WITHHELD | |
| | BOX 02 OF W-2 | | | |
| | BOA 02 OF W-2 | | BOX 06 OF W-2 | |
| | STATE INCOME TAX | 0.00 | SUI/SDI | 0 00 |
| | | 0.00 | | 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

AJAYKUMAR GORANTLA 11 WYATTS CIR RENSSELAER, NY 12144

Wage and Tax

Statement

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

Social Security Number: XXX-XX-8175

Wage and Tax

Statement

sick pay



AGE 1 OF 1

| 19 Local Income (ax | | | 20 Locality name | | | © 2023 ADP, Inc. | | | | | | |
|---|-----------------------------|------------|---|------------------------------|-----------------------------|--|---------------------------------------|-------------|---------------------|----------------------|-----------|--|
| | | | | | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | Fold and [| Detach Here | -v | PΑ | |
| 1 Wage | e tine other of | mn | lo Fadan | | | | | | | | | |
| 1 Wages, tips, other comp. 6786.48 3 Social security wages | | | 2 Federal income tax withheld | | | | 1 Wages, tips, other comp. 6786.48 | | 2 Federal income to | | e ta | |
| | | | 4 Social | security tax withheld | | 3 Socia | al security wage | es | 4 Socia | 4 Social security to | | |
| 5 Medic | are wages and | tips | 6 Medica | are tax withheld | | 5 Medi | care wages and | l tips | 6 Medi | care tax v | vithl | |
| d Cont | rol number | Dept. | Corp. | Employer use onl | у | d Cor | itrol number | Dept. | Corp. | Empl | ove | |
| | 00187 VMI | 007 | BU05 | ADS 4654 | | 00000 | 000187 VMI | 007 | BU05 | AD | • | |
| c Employer's name, address, and ZIP co | | | | | | c Empl | oyer's name, a | address, | | | | |
| SCMS ADMINISTRATIVE SERVICES INC 8125 SEDGWICK WAY MEMPHIS, TN 38125 AGENT FOR HIGHMARK - INSURED NY | | | | | an main takk sakk mana basa | SCMS ADMINISTRATIVE SERVIC 8125 SEDGWICK WAY MEMPHIS, TN 38125 | | | | | | |
| | | | | | | 2 | | | HMARK · | - INSUR | ŧΕD | |
| b Employer's FED ID number 62-1660982 7 Social security tips | | | | XXX-XX-8175 | | | loyer's FED ID 62-166098 | number 2 | a Emplo | yee's S | SA XX. | |
| | | | 8 Allocated tips 10 Dependent care benefits | | | 7 Socia | I security tips | | 8 Allocated tips | | | |
| | | | | | | 4 | | | 10 Dependent care t | | | |
| | ualified plans | | 12a See in | structions for box 12 | | 11 None | qualified plans | | 12a | | _ | |
| 14 Other | • | | 12b | | | 14 Othe | r | | 12b | | | |
| | | | 12c | | -11 | | | | 12c | | | |
| Ī | | 12d | | | | | | | | | | |
| | | | 1000 | Ret. plan 3rd party sick p | ay | | | | 12d 13Stat em | p. Ret. plan | 3rd | |
| | oyee's name, | | | ode | | e/f Emp | loyee's name, | address | and ZIP | code | L | |
| AJAYKUMAR GORANTLA 11 WYATTS CIR | | | | | | AJAYKUMAR GORANTLA 11 WYATTS CIR | | | | | | |
| | | | | | | | | | | | | |
| 5 State | Employer's sta 621660982 | ate ID no. | 16 State v | vages, tips, etc. | AND DETACH | 15 State | | ate ID no. | 16 State | wages, ti | ips, | |
| | income tax | - | 18 Local | 6786.48 wages, tips, etc. | -1g | NY | 621660982 | 4 | | 6 | 78 | |
| | income tax | | | | | | income tax | | 18 Local | wages, t | ips, | |
| - Local | mcome tax | | 20 Localit | y name | FOLD | 19 Loca | income tax | | 20 Local | ity name | | |

| Wages, tips, other comp. 6786.48 | | 2 Federal income tax withheld | | | | 1 Wages, tips, other comp. 6786.48 | | | 2 Federal income tax withheld | | | | |
|---|-------------------------|--------------------------------|----------------------|---|---------------------------|---|-------------------------|-------------------------|--------------------------------|---------------------|-------------------|--|--|
| Social security wages | | 4 Social security tax withheld | | | - | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Medicare wages and ti | 6 Medicare tax withheld | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| Control number | Dept. | Corp. | Employer | use only | 11 | d Con | trol number | Dept. | Corp. | Emple | oyer use only | | |
| 0000000187 VMI 0 | 007 | BU05 | ADS | 4654 | li | 00000 | 00187 VMI | 007 | BU05 | | S 4654 | | |
| Employer's name, ad- | dress, ar | nd ZIP c | ode | *************************************** | | c Emplo | yer's name, | ddress, a | | | 0 4004 | | |
| SCMS ADMINISTRATIVE SERVICES INC 8125 SEDGWICK WAY MEMPHIS, TN 38125 AGENT FOR HIGHMARK - INSURED NY | | | | | | SCMS ADMINISTRATIVE SERVICES INC 8125 SEDGWICK WAY MEMPHIS, TN 38125 AGENT FOR HIGHMARK - INSURED NY | | | | | | | |
| | | | | | | | | | | | | | |
| Employer's FED ID r 62-1660982 | XXX-XX-8175 | | | | b Empl | oyer's FED ID 62-166098 | | a Employ | ee's SS | A number KX-8175 | | | |
| Social security tips | 8 Allocated tips | | | | 7 Social | security tips | | 8 Allocate | ed tips | | | | |
| | | 10 Dependent care benefits | | | | 9 | | | 10 Depen | dent ca | re benefits | | |
| 1 Nonqualified plans | 1 | 2a | | | | 11 Nonq | ualified plans | | 12a | | | | |
| 1 Other | 1 | 2b | | | | 14 Other | | | 12b | | | | |
| | 1 | 2c | | | i | | | | 12c | | | | |
| | 1 | 2d | | | | | | l | 12d | | | | |
| × | - 1 | | Ret. plan 3rd ; | party sick pay X | | | | | 13 Stat emp. | Ret. plan | 3rd party sick pa | | |
| f Employee's name, ac | | | ode | | | e/f Empl | oyee's name, | address | and ZIP co | de | | | |
| AJAYKUMAR GORANTLA | | | | | | | KUMAR | | TLA | | | | |
| 11 WYATTS CIR | | | | | | | YATTS CIR | | | | | | |
| RENSSELAER, N | Y 1214 | 4 | | | HERE | RENS | SSELAER, I | NY 1214 | 14 | | | | |
| State Employer's state NY 621660982 | e ID no. 1 | 6 State v | | etc. | AND DETACH | 15 State | Employer's st | | 16 State w | ages, ti | ps, etc. | | |
| State income tax | | 8 Local | 6/80 wages, tips, | 6.48 etc | | NY 17 State | 621660982 income tax | 4 | 40 1 | | 786.48 | | |
| | | | | | | State | moonie tax | | 18 Local v | rages, t | ıps, etc. | | |
| Local income tax 20 | | 0 Localit | | Š | | 19 Local income tax | | | 20 Locality name | | | | |
| NY State | Filing | Conv | | | 1 | | 0:4. | | =::: | | | | |