

CRP/H1510/345927

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
DOMINO'S PIZZA LLC
30 FRANK LLOYD WRIGHT DR.
P.O. BOX 997
ANN ARBOR MI 48106-0997

e Employee's name, address, and ZIP code
KALYAN RAMINENI
1825 SOUTH CRAWFORD STREET
APT E4
MOUNT PLEASANT MI 48858

7 Social security tips	1 Wages, tips, other comp. 103807.70	2 Federal income tax withheld 15098.33
8 Allocated tips	3 Social security wages 109348.26	4 Social security tax withheld 6779.59
9	5 Medicare wages and tips 109348.26	6 Medicare tax withheld 1585.55
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 36.14
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b D 5540.56
b Employer identification number (EIN) 38-3495003		12c W 800.00
a Employee's social security no. 168-93-2811		12d DD 4160.76
15 State MI 38-3495003	16 State wages, tips, etc. 103807.70	17 State income tax 4305.62
		18 Local wages, tips, etc.
		19 Local income tax
		20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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