## 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 0000027116 V7U MGH4
Employer's name, address, and ZIP code 0000027116 V7U C S 27602

DEERE PAYROLL SERVICES INC AGENT FOR: JOHN DEERE SHARED JD SHARED SERVICES 36-3387700 ONE JOHN DEERE PLACE **MOLINE, IL 61265** 

e/f Employee's name, address, and ZIP code RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641

b Emp	loyer's FED ID number 36-2746168	a Employee's SSA number XXX-XX-9856	
1 Wage	es, tips, other comp.	2 Federal income tax withheld	1
	29814.35	4860.78	
3 Socia	al security wages	4 Social security tax withheld	
	31305.61	1940.95	
5 Medi	care wages and tips	6 Medicare tax withheld	
	31305.61	453.93	
7 Socia	al security tips	8 Allocated tips	
9		10 Dependent care benefits	
11 Nor	qualified plans	12a See instructions for box 12 C 8.58	3
14 Oth	er	12b D   1491.26	5
		12c W   750.00	
		12d DD   1523.43	
		13 Stat emp. Ret, plan 3rd party sick	pay
15 Stat	e Employer's state ID	no. 16 State wages, tips, etc.	
17 Stat	e income tax	18 Local wages, tips, etc.	
19 Loc	al income tax	20 Locality name	-

RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641

Social Security Number: XXX-XX-9856



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PAGE 1 OF 1

1	Wages, tips, other co		2 Federal	l income tax withheld 4860.78
3	Social security wage 31305		4 Social s	security tax withheld 1940.95
5	Medicare wages and tips 31305.61		6 Medica	re tax withheld 453.93
d	Control number 0000027116 V7U	Dept.	Corp. MGH4	Employer use only C S 27602

c Employer's name, address, and ZIP code DEERE PAYROLL SERVICES INC AGENT FOR JOHN DEERE SHARED JD SHARED SERVICES 36-3387700 ONE JOHN DEERE PLACE **MOLINE, IL 61265** 

b Employer's FED ID nu 36-2746168	nber a Employee's SSA numb	er 6
7 Social security tips	8 Allocated tips	
	10 Dependent care benefit	is
11 Nonqualified plans	12a See instructions for bo	x 12 3.58
14 Other	<sup>12b</sup> D   1491	.26
	12c W   750	.00
	12d DD   1523	.43
	13 Stat emp. Ret. plan 3rd party s	ick pay
e/f Employee's name, add	ress and ZIP code	

RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641

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

Federal Filing Copy
Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, othe 298	r comp. 14.35	2 Federal income tax withheld 4860.78			
3 Social security w	ages 05.61	4 Social s	security tax withheld 1940.95		
5 Medicare wages and tips 31305.61		6 Medica	are tax withheld 453.93		
d Control number	r Dept.	Corp.	Employer use only		
0000027116 V7U		MGH4	C S 27602		

Fold and Detach Here

DEERE PAYROLL SERVICES INC AGENT FOR: JOHN DEERE SHARED JD SHARED SERVICES 36-3387700 ONE JOHN DEERE PLACE **MOLINE, IL 61265** 

b Employer's FED ID number 36-2746168	a Employe	e's SSA number (XX-XX-9856		
7 Social security tips	8 Allocated tips			
	10 Depend	ent care benefits		
11 Nonqualified plans	12a			
	C	8.58		
14 Other	12bD	1491.26		
	12cW	750.00		
	12dDD	1523.43		
	13 Stat emp. F	tet, plan 3rd party sick pay		

RATNA TEJA JALADI 1944 CANTONATA DR

LEANDER, TX 78641

5	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

tate Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other co		2 Federal income tax withheld 4860.78		
3	Social security wage 31305		4 Social security tax withheld 1940.95		
5	Medicare wages and 31305		6 Medica	re tax withheld 453.93	
d	Control number	Dept.	Corp.	Employer use only	
	0000027116 V7U		MGH4	C S 27602	

c Employer's name, address, and ZIP code **DEERE PAYROLL SERVICES INC** AGENT FOR: JOHN DEERE SHARED JD SHARED SERVICES 36-3387700 ONE JOHN DEERE PLACE **MOLINE, IL 61265** 

b Employer's FED ID numbe 36-2746168	r a Employ	ree's SSA number XXX-XX-9856				
7 Social security tips	8 Allocat	8 Allocated tips				
<b>9</b>	10 Deper	ndent care benefits				
11 Nonqualified plans	12a					
	C	8.58				
14 Other	12b D	1491.26				
	12c W	750.00				
	12d DD	1523.43				
	13 Stat emp	Ret. plan 3rd party sick part				

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

RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641

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	

or Local Filing Cop Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax