## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept. Corp. Employer use only 0000224121 WYH CONT SW90 ACS 29500 c Employer's name, address, and ZIP code **APEX SYSTEMS LLC** 

4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

e/f Employee's name, address, and ZIP code SOWJANYA HIS B VOLAM 1144 CARLISLE PLACE MT JULIET, TN 37122

b Emp	oyer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-2301				
1 Wages, tips, other comp.		2 Federal income tax withheld				
17328.00				2	142.46	
3 Socia	l security wages	4 Socia	4 Social security tax withheld			
	17328.00	1074.34				
5 Medic	are wages and tips	6 Medio	car	e tax wit	hheld	
	17328.00				<u> 251.26</u>	
7 Socia	Social security tips		8 Allocated tips			
9		10 Dependent care benefits				
11 Non	qualified plans	12a See	ins 	truction	s for box 12	
14 Othe	r	12b	<u> </u>			
		12c	<u> </u>			
		12d	<u> </u>			
		13 Stat em	p.	Ret, plan	3rd party sick pay	
15 State	Employer's state ID no	. 16 Stat	e v	vages, ti	ps, etc.	
NJ	054-177-354/600				048.00	
17 State income tax		18 Local wages, tips, etc.				
	785.64					
19 Local income tax		20 Locality name				

Wages, tips, other comp 2 Federal income tax withheld 17328.00 2142.46 4 Social security tax withheld 3 Social security wages 1074.34 17328.00 5 Medicare wages and tips 17328.00 6 Medicare tax withheld 251.26 d Control number Dept. Corp. Employer use only 0000224121 WYH CONT SW90 ACS 29500 c Employer's name, address, and ZIP code

APEX SYSTEMS LLC

4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT **GLEN ALLEN, VA 23060** 

b Emp	oloyer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-2301		
7 Soci	al security tips	8 Allocated tips		
9		10 Dependent care benefits		
11 Nor	nqualified plans	12a See	instructio	ns for box 12
14 Oth	er	12b		
		12c		
		12d		
		13 Stat em	p. Ret. plan	3rd party sick pay
e/f Fm	plovee's name address	and ZIP	code	

SOWJANYA HIS B VOLAM 1144 CARLISLE PLACE MT JULIET, TN 37122

15 State	Employer's state ID no.	16	State wages, tips, etc.
NJ	054-177-354/600		15048.00
17 State	income tax	18	Local wages, tips, etc.
	785.64		
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.

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information file a new W-4 with your payroll department.

> > Social Security Number: XXX-XX-2301

SOWJANYA HIS B VOLAM 1144 CARLISLE PLACE MT JULIET, TN 37122

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1 Wages, tips, other comp

5 Medicare wages and tips 17328.00

3 Social security wages

Control number

0000224121 WYH

17328.00

17328.00

Dept.

CONT

## PAGE 1 OF 1

2142.46

1074.34

251.26

Employer use only

ACS 29500

OMB No. 1545-0008

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

SW90

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c Emplo	yer's name, address, a	nd ZIP co	ode		
APE	X SYSTEMS LLC				
	COX ROAD, SUI	ΓE 200			
	N: PAYROLL DEP		NT		
	N ALLEN, VA 230				
	,				
b Emplo	oyer's FED ID number 54-1773546	a Emplo	yee's SS XXX-	XX-2301	
7 Social	security tips	8 Alloca			
9		10 Depe	ndent ca	re benefits	
11 Nonq	ualified plans	12a			iΓ
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14 Other		12b			
		12c			i
		12d			i
		13Stat emp	. Ret. plan	3rd party sick pay	
e/f Empl	oyee's name, address	and ZIP o	ode		-
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1144	CARLISLE PLACE	=			
	ULIET, TN 37122	-			1
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15 State	Employer's state ID no	. 16 State	wages, t	ips, etc.	1 1
NJ	054-177-354/600		1:	5048.00	
17 State	income tax	18 Local	wages,	tips, etc.	ıΓ
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19 Local	income tax	20 Local	ity name	•	
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	NJ. State Filin	g Cop	y 👝	000	
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Statement

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

1 Wages, tips, other comp.		2 Federal income tax withheld		
17328	.00		2142.46	
3 Social security wages		4 Social security tax withheld		
17328	.00		1074.34	
5 Medicare wages and 17328		6 Medica	are tax withheld 251.26	
d Control number	Dept.	Corp.	Employer use only	

CONT | SW90 | A C S 29500 c Employer's name, address, and ZIP code

0000224121 WYH

**APEX SYSTEMS LLC** 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT **GLEN ALLEN, VA 23060** 

b Employer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-2301				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a				
14 Other	12b				
	12c				
	12d				
	13 Stat cmp. Ret. plan 3rd party sick pa				

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

SOWJANYA HIS B VOLAM 1144 CARLISLE PLACE MT JULIET, TN 37122

15 S	State	Employer's state ID no.	16	State wages, tips, etc.
l N	IJ	054-177-354/600		15048.00
17 9	State	income tax	18	Local wages, tips, etc.
		785.64		
19 L	_ocal	income tax	20	Locality name

City or Local Filing Cop Wage and Tax Statement

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