



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
 Copy C for employee's records  
 OMB No. 1545-0008

d Control number Dept. Corp. Employer use only  
 001223 CLIF/MAG | | A 35

c Employer's name, address, and ZIP code  
**SALIGRAM SYSTEMS INC**  
**666 PLAINSBORO RD #1365**  
**PLAINSBORO NJ 08536**

Batch #02107

e/f Employee's name, address, and ZIP code  
**SARIKA MOTHUKURI**  
**2222 W FRYE ROAD, APT 3091**  
**CHANDLER AZ 85224**

b Employer's FED ID number a Employee's SSA number  
 26-0364572 XXX-XX-5725

1 Wages, tips, other comp. 2 Federal income tax withheld  
 35000.00 2836.14

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

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

15 State Employer's state ID no. 16 State wages, tips, etc.  
 AZ 26-0364572 35000.00

17 State income tax 18 Local wages, tips, etc.  
 700.00

19 Local income tax 20 Locality name

© 2023 ADP, Inc.

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	AZ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	35,000.00	35,000.00	35,000.00	35,000.00
Less Exempt Wages	N/A	35,000.00	35,000.00	N/A
Reported W-2 Wages	35,000.00	0.00	0.00	35,000.00

2. Employee Name and Address.

SARIKA MOTHUKURI  
2222 W FRYE ROAD, APT 3091  
CHANDLER AZ 85224

← Fold and Detach Here →

1 Wages, tips, other comp. 2 Federal income tax withheld  
 35000.00 2836.14

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

d Control number Dept. Corp. Employer use only  
 001223 CLIF/MAG | | A 35

c Employer's name, address, and ZIP code  
**SALIGRAM SYSTEMS INC**  
**666 PLAINSBORO RD #1365**  
**PLAINSBORO NJ 08536**

b Employer's FED ID number a Employee's SSA number  
 26-0364572 XXX-XX-5725

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 Employee's name, address and ZIP code  
**SARIKA MOTHUKURI**  
**2222 W FRYE ROAD, APT 3091**  
**CHANDLER AZ 85224**

15 State Employer's state ID no. 16 State wages, tips, etc.  
 AZ 26-0364572 35000.00

17 State income tax 18 Local wages, tips, etc.  
 700.00

19 Local income tax 20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 2 Federal income tax withheld  
 35000.00 2836.14

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

d Control number Dept. Corp. Employer use only  
 001223 CLIF/MAG | | A 35

c Employer's name, address, and ZIP code  
**SALIGRAM SYSTEMS INC**  
**666 PLAINSBORO RD #1365**  
**PLAINSBORO NJ 08536**

b Employer's FED ID number a Employee's SSA number  
 26-0364572 XXX-XX-5725

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 Employee's name, address and ZIP code  
**SARIKA MOTHUKURI**  
**2222 W FRYE ROAD, APT 3091**  
**CHANDLER AZ 85224**

15 State Employer's state ID no. 16 State wages, tips, etc.  
 AZ 26-0364572 35000.00

17 State income tax 18 Local wages, tips, etc.  
 700.00

19 Local income tax 20 Locality name

**AZ. State Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 2 Federal income tax withheld  
 35000.00 2836.14

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

d Control number Dept. Corp. Employer use only  
 001223 CLIF/MAG | | A 35

c Employer's name, address, and ZIP code  
**SALIGRAM SYSTEMS INC**  
**666 PLAINSBORO RD #1365**  
**PLAINSBORO NJ 08536**

b Employer's FED ID number a Employee's SSA number  
 26-0364572 XXX-XX-5725

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 Employee's name, address and ZIP code  
**SARIKA MOTHUKURI**  
**2222 W FRYE ROAD, APT 3091**  
**CHANDLER AZ 85224**

15 State Employer's state ID no. 16 State wages, tips, etc.  
 AZ 26-0364572 35000.00

17 State income tax 18 Local wages, tips, etc.  
 700.00

19 Local income tax 20 Locality name

**AZ. State Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
 Copy 2 to be filed with employee's State Income Tax Return.