2023 W-2 and EARNINGS SUMMARY



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

Control number Employer use only KG/VQS 000043

Employer's name, address, and ZIP code

VTECHINFO INC 4660 DUKE DR STE 105 MASON, OH 45040 8464

Batch #91195

e/f Employee's name, address, and ZIP code SAMUEL DAVID WICKET 15600 CABRILLO WAY

AUSTIN, TX 78738

b	Employer's FED ID number 86-2743525	a Employee's SSA number XXX-XX-3320			
1	Wages, tips, other comp.	2 Federal income tax withheld			
	23744.00	3288.80			
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			
11	Other	12b			
14	Other	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			
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			

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

20 Locality name

State Reference

18 Local wages, tips, etc.

19 Local income tax

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 Social Security Medicare Wages Box 5 of W-2 Box 3 of W-2 Box 1 of W-2

Gross Pay 23,744.00 23,744.00 23,744.00 Reported W-2 Wages 23,744.00 0.00 0.00

2. Employee Name and Address.

SAMUEL DAVID WICKET 15600 CABRILLO WAY AUSTIN, TX 78738

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17 State income tax

19 Local income tax

1 Wages, tips, other co	omp. 14.00	2 Federal income tax withheld 3288.80			
3 Social security wage	s	4 Social security tax withheld			
5 Medicare wages and	tips	6 Medicare tax withheld			
d Control number	Dept.	Corp.	Employer use only		
000043 KG/VQS			58		

VTECHINFO INC 4660 DUKE DR STE 105 MASON, OH 45040 8464

b	Employer's FED ID number 86-2743525	a Employee's SSA number XXX-XX-3320			
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 an	nd ZIP code			

SAMUEL DAVID WICKET 15600 CABRILLO WAY AUSTIN, TX 78738

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 Locali	ty name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other comp. 23744.00	2 Federal income tax withheld 3288.80			
3	Social security wages	4 Social security tax withheld			
5	Medicare wages and tips	6 Medicare tax withheld			
d	Control number Dept.	Corp.	Employ	ver use only	
00	0043 KG/VQS			58	
С	Employer's name, address, a	nd ZIP code	е		
b	4660 DUKE DR MASON, OH 450	040 846	64	A number	
	86-2743525	a Employee's SSA number XXX-XX-3320			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
		12c			
		12d			
		13 Stat emp	Ret. plan	3rd party sick pa	
e/f Employee's name, address and ZIP code SAMUEL DAVID WICKET 15600 CABRILLO WAY AUSTIN, TX 78738					
15	State Employer's state ID no.	16 State v	vages, tip	os, etc.	

1	1 Wages, tips, other comp. 23744.00		2 Federal income tax withheld 3288.80				
3	Social security wages		4 Social security tax withheld				
5	Medicare wages and tips		6 Medicare tax withheld				
d	Control number	Dept.	Corp.	Emplo	yer use	only	
00	0043 KG/VQS					58	
С	Employer's name, addre	ss, ar	nd ZIP co	de			
4660 DUKE DR STE 105 MASON, OH 45040 8464							
b	Employer's FED ID num 86-2743525	a Employee's SSA number XXX-XX-3320					
7	Social security tips		8 Allocated tips				
9			10 Dependent care benefits				
11	Nonqualified plans		12a				
14	Other		12b				
			12c				
			12d				
			13 Stat er	np. Ret. plan	3rd party	sick pay	
e/f	Employee's name, addre	ess an	d ZIP cod	le			
SAMUEL DAVID WICKET 15600 CABRILLO WAY AUSTIN, TX 78738							
15	State Employer's state	ID no.	16 State	wages, tip	s, etc.		
17	State income tax		18 Local	wages, tip	os, etc.		

20 Locality name

City or Local Reference

Wage and Tax

Statement

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