



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

d Control number 000129 Dept. RB/ZIH Corp. Employer use only **A**

c Employer's name, address, and ZIP code
IT PREMIA GROUP INC
2331 MUSTANG DR
SUITE 400
GRAPEVINE, TX 76051

Batch #90510

e/f Employee's name, address, and ZIP code
JEEVAN CHOUDHARY KADAMBALA
705 N DEE ROAD
PARK RIDGE, IL 60068

b Employer's FED ID number **46-3227229** **a** Employee's SSA number **XXX-XX-9627**

1 Wages, tips, other comp. **35932.35** **2** Federal income tax withheld **4101.10**

3 Social security wages **35932.35** **4** Social security tax withheld **2227.81**

5 Medicare wages and tips **35932.35** **6** Medicare tax withheld **521.02**

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 **IL** Employer's state ID no. **46-3227229 000** **16** State wages, tips, etc. **35932.35**

17 State income tax **1778.64** **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

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	IL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	35,932.35	35,932.35	35,932.35	35,932.35
Reported W-2 Wages	35,932.35	35,932.35	35,932.35	35,932.35

2. Employee Name and Address.

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