2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

Wage and Tax

Statement

Copy C for employee's records.

d Control number

Dept. Corp.

Dept. Corp.

Employer use only

A control Number Copy

Dept. Corp.

Employer use only

Employer's name, address, and ZIP code
KINDERCARE EDUCATION LLC
5005 MEADOWS RD STE 200
LAKE OSWEGO OR 97035

Batch #03305

13111

e/I Employee's name, address, and ZIP code SIREESHA NALAMALAPU 3815 FOX RUN DR APT 1213,BLUE ASH CINCINNATI OH 45236

Employer's FED ID number Employee's SSA numb 06-1097006 Wages, tips, other comp. XXX-XX-5978 2 Federal income tax withheld 2032.04 99.06 Social security wages Social security tax withheld 2032.04 125.99 Medicare wages and tips 6 Medicare tax withheld 2032.04 29,46 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12

20 Locality name

 1
 Wages, tips, other comp. 2032.04
 2
 Federal income tax withheld 99.06

 3
 Social security wages 2032.04
 4
 Social security tax withheld 125.99

 5
 Medicare wages and tips 2032.04
 6
 Medicare tax withheld 29.46

 d
 Control number
 Dept. 29.46
 Corp. Employer use only A 13111

Employer's name, address, and ZIP code
KINDERCARE EDUCATION LLC
5005 MEADOWS RD STE 200
LAKE OSWEGO OR 97035

19 Local income tax

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

SIREESHA NALAMALAPU 3815 FOX RUN DR APT 1213,BLUE ASH CINCINNATI OH 45236

Federal Filing Copy
W-2 Wage and Tax 2023
Statement OMB No. 1645-0008
Copy B to be filed with employee's Federal Income Tax Return.

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 OH. State Wages, Compensation Box 1 of W-2 Wages Wages Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 Gross Pav 2,032.04 2,032.04 2,032.04 Reported W-2 Wages 2,032.04 2,032.04 2,032.04 2,032.04 2,032.04

2. Employee Name and Address.

SIREESHA NALAMALAPU 3815 FOX RUN DR APT 1213,BLUE ASH CINCINNATI OH 45236

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1		32.04	2 Federa	al income	e tax withheld 99.06
3		32.04	4 Social	security	tax withheld
5		d tips 32.04	6 Medic	are tax w	
d	Control number	Dept.	Corp.	Empl	oyer use only
9	58750 LOS2/KCC			Α	13111
c Employer's name, address, and ZIP code					

Fold and Detach Here

KINDERCARE EDUCATION LLC 5005 MEADOWS RD STE 200 LAKE OSWEGO OR 97035

b	Employer's FED ID number 06-1097006	a Employee's SSA number XXX-XX-5978
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 sici

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

SIREESHA NALAMALAPU 3815 FOX RUN DR APT 1213,BLUE ASH CINCINNATI OH 45236

15 State Employer's state ID no. OH 52-6642251 2032.04

17 State income tax 37.87

19 Local income tax 20 Locality name

OH. State Reference Copy

Wage and Tax

OMB No. 1545-0008

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

Return.

1	Wages Alexand						
_	1 Wages, tips, other comp. 2032.04		2 Federal income tax withheld 99.06				
3	Social security wages		4				
2032.04		4 Social security tax withheld 125.99					
5	Medicare wages and tips		-	** **			
2032.04		22 04	6 Medicare tax withheld				
_		32.04				29.46	
d	Control number	Dept.		Corp.	Em	ployer use only	
95	8750 LOS2/KCC	000150		•			
					Α	13111	
С	Employer's name, a	ddress. ar	nd :	ZIP cod	•		

KINDERCARE EDUCATION LLC 5005 MEADOWS RD STE 200 LAKE OSWEGO OR 97035

b	Employer's FED ID number 06-1097006	a Employee's SSA number XXX - XX - 5978		
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 pay		
e/f	Employee's name, address a	710		

SIREESHA NALAMALAPU 3815 FOX RUN DR APT 1213,BLUE ASH CINCINNATI OH 45236

15 State Employer's state ID no. OH 52-6642251	16 State wages, tips, etc. 2032.04
37.87	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OH. State Filing Copy

W-2 Wage and Tax
Statement
OMF No. 1965