2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. d Control number Employer use only

Employer's name, address, and ZIP code AGILEITSERVICE LLC 6300 STONEWOOD DRIVE

SUITE 106-C PLANO, TX 75024

KY/WO6

Batch #91378

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

MOUNIKA BETHALA 7750 LUCERNE DR APT O-4

MIDDLEBURG HEIGHT, OH 44130 b Employer's FED ID number a Employee's SSA number XXX-XX-9438 81-4745187 Wages, tips, other comp. Federal income tax withheld 58399.50 8496.50 3 Social security wages 4 Social security tax withheld 58399.50 3620.77 5 Medicare wages and tips 6 Medicare tax withheld 58399.50 846.79 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 13 Stat emp Ret. plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-206476 1 58399.50 17 State income tax 18 Local wages, tips, etc. 1707.00 19 Local income tax 20 Locality name

Wages, tips, other comp Federal income tax withheld 58399.50 Social security wages 58399.50 Social security tax withheld 3620.77 Medicare wages and tips 58399.50 846.79 d Control number Dept. Employer use only 000017 KY/WO6 Employer's name, address, and ZIP code

AGILEITSERVICE LLC 6300 STONEWOOD SUITE 106-C DRIVE PLANO, TX 75024

Employer's FED ID number 81-4745187 XXX-XX-9438 Social security tips Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c 12d 13 Stat emp Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code

MOUNIKA BETHALA 7750 LUCERNE DR

APT O-4

MIDDLEBURG HEIGHT, OH 44130

15 State OH 54-206476 1 Employer's state ID no. 16 State wages, tips, etc. 58399.50 18 Local wages, tips, etc. <u> 1707</u>.00 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. 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 Wages Wages Box 16 of W-2 Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 58,399.50 58,399.50 58,399.50 58,399.50 Gross Pay Reported W-2 Wages 58,399.50 58,399.50 58,399.50 58,399.50

2. Employee Name and Address.

MOUNIKA BETHALA 7750 LUCERNE DR APT O-4 MIDDLEBURG HEIGHT, OH 44130

© 2023 ADP. Inc.

1 Wages, tips, other comp. 58399.50			2 Federal income tax withheld 8496.50			
3 Social security wages 58399.50			4 Social security tax withheld 3620.77			
5	Medicare	wages and 583	tips 99.50	6 Medica	re tax withh	eld 846.79
d	Control nu	mber	Dept.	Corp.	Employer	use only
oc	0017	KY/WO6				1
	c Employer's name, address, and ZIP code					

AGILEITSERVICE LLC 6300 STONEWOOD DRIVE SUITE 106-C

PLANO, TX 75024

b	Employer's FED ID number 81-4745187	a Employee's SSA number XXX-XX-9438			
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 and ZIP code

MOUNIKA BETHALA 7750 LUCERNE DR APT O-4 MIDDLEBURG HEIGHT, OH 44130

15 State OH	Employer's state ID no. 54-206476	16	State	wages,	tips, etc. 58399.50
17 State	income tax	18	Local	wages,	tips, etc.
	1707.00				
19 Local	income tax	20	Loca	ity nam	е

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

1	1 Wages, tips, other comp. 58399.50			Federal income tax withheld 8496.50			
3 Social security wages 58399.50			4 Social security tax withheld 3620.77				
5 Medicare wages and tips 58399.50			6	Medicare tax withheld 846.79			
d	Control number	Dept.		Corp.	Employer	use only	
00	00017 KY/W06					1	

Employer's name, address, and ZIP code AGILEITSERVICE LLC 6300 STONEWOOD SUITE 106-C DRIVE **PLANO, TX 75024**

umber a Employee's SSA number XXX-XX-9438 8 Allocated tips
8 Allocated tips
10 Dependent care benefits
12a
12b
12c
12d
13 Stat emp Ret. plan 3rd party sick pay

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

MOUNIKA BETHALA 7750 LUCERNE DR APT O-4 MIDDLEBURG HEIGHT, OH 44130

15 State Employer's state ID no. 16 State wages, tips, etc. 54-206476 1 58399.50 17 State income tax 18 Local wages, tips, etc. 1707.00

19 Local income tax 20 Locality name OH State Filing Copy Wage and Tax

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