

<p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p> <p>General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.</p>	Gross Wages	108240.08	108240.08	108240.08
	Txbl Benefits			
	Group Term Life Adoption	63.28	63.28	63.28
	Deferred Comp Section 125	(8916.24)	(9761.54)	(9761.54)
	Other Pretax/Wage Limit			
	W-2 Wages	89625.58	98541.82	98541.82
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	

a Employee's social security number XXX-XX-2588		b Employer identification number (EIN) 20-3469219		d Control number 000538023701		OMB No. 1545-0008	
c Employer's name, address, and ZIP code INFOR (US), LLC 13560 Morris Road Suite 4100 Alpharetta GA 30004				1 Wages, tips, other compensation 89625.58		2 Federal income tax withheld 11964.20	
				3 Social security wages 98541.82		4 Social security tax withheld 6109.59	
				5 Medicare wages and tips 98541.82		6 Medicare tax withheld 1428.86	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Pruthvi Venkata Ramaraju				Last name Kalidindi		Suff.	
f Employee's address and ZIP code 4510 Ambassador Way Cumming GA 30040 USA				9		10 Dependent care benefits	
15 State Employer's state ID Number GA 3073982-OP				16 State wages, tips, etc. 89625.58		17 State income tax 4666.89	
18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
				13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code D 8916.24 12c Code W 6011.17 12d Code DD 21202.00	

Form W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS

2023

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's social security number XXX-XX-2588		b Employer identification number (EIN) 20-3469219		d Control number 000538023701		OMB No. 1545-0008	
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				13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code D 8916.24 12c Code W 6011.17 12d Code DD 21202.00	

Form W-2 Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

2023

Department of the Treasury - Internal Revenue Service

a Employee's social security number XXX-XX-2588		b Employer identification number (EIN) 20-3469219		d Control number 000538023701		OMB No. 1545-0008	
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18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
				13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code D 8916.24 12c Code W 6011.17 12d Code DD 21202.00	

Form W-2 Wage and Tax Statement
Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service

