2023 W-2 and EARNINGS SUMMARY



Employee W		erence nd Tax		23
Copy C for employee's recor	Statem	ent	OMB No.	1545-0008
d Control number 000213 RK/6PB	Dept.	Corp.	Employer A	use only
c Employer's name, a NARTAL 2650 RT CRANBURY	SYSTEM 130 SU	VIS INC		

Batch #90443

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

SHALINI BODE 3699 EUCLID DR TROY, MI 48083

b	Emplo	yer's FED II 26-14360		а	Emp		ee's SS. (XX-X)			
1	Wages	s, tips, other	comp.	2	Fede	ral	income	tax	withhe	eld
		60	288.00					8	207.8	B1
3	Social	security wa	iges	4	Soci	al s	security	tax	withhe	ld
5	Medic	are wages a	nd tips	6	Medi	car	e tax wi	thhe	ld	
7	Social	security tip	s	8	Allo	ate	d tips			
9				10	Depe	nde	nt care	ben	efits	
11	Nonqu	alified plans		12	See	instr 	ructionsfo	or bo	x 12	
44	Other			121)	Τ				
14	Other			120	3					
				120						
				13	Stat	emp	Ret. plan	3rd	party si	ck pay
	State	Employer's 26-14360	state ID no.	16	State	w	ages, tip		tc. 288.0	00
17	State	income tax		18	Loca	l w	ages, tip	s, e	tc.	
		2	441.66							
19 Local income tax			20	Loca	lity	name				

Federal income tax withheld Wages, tips, other comp 60288.00 8207.81 Social security wages Social security tax withheld Medicare wages and tips Medicare tax withheld d Control number Dept. Corp. Employer use only 6 000213 RK/6PB Employer's name, address, and ZIP code

NARTAL SYSTEMS INC 2650 RT 130 SUITE E CRANBURY, NJ 08512

b	Employer's FED ID number 26-1436017	a Employee's SSA number XXX-XX-4152					
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 a	nd ZIP code					

SHALINI BODE 3699 EUCLID DR TROY, MI 48083

15 \	State	Employer's state ID no. 26-1436017	16 State	wages, ti	ps, etc. 60288.00
17	State	income tax 2441.66	18 Local	wages, t	ips, etc.
19	Local	income tax	20 Locali	ty name	
		Federal Fil	ing C	opv	

W-2 Wage and Tax 2023
Statement
Opy 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.

MI. State Wages, Wages, Tips, other Social Security Medicare Wages Tips, Etc. Compensation Wages Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2 60,288.00 60,288.00 60,288.00 60,288.00 Gross Pay Reported W-2 Wages 60,288.00 0.00 0.00 60,288.00

2. Employee Name and Address.

SHALINI BODE 3699 EUCLID DR TROY, MI 48083

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1 Wages, tips, other c 6028	2 Federal income tax withheld 8207.81								
3 Social security wage	Social security wages			4 Social security tax withheld					
5 Medicare wages and	tips	6 Medica	re tax withh	eld					
d Control number	Dept.	Corp.	Employer	use only					
000213 RK/6PB			Α	6					
	SYSTEN	IS IN							
Employer's FED ID 26-143601	number 7		ree's SSA n	umber 1152					
Social security tips		8 Allocat	ed tips						
		10 Depend	dent care be	enefits					
1 Nonqualified plans		12a							
4 Other		12b							
		12c							
		12d							
		13 Stat emp	Ret. plan 3rd	l party sick pay					
e/f Employee's name, a SHALINI BODE 3699 EUCLID D TROY, MI 48083	R	d ZIP cod	е						
15 State Employer's st MI 26-1436017	ate ID no.	16 State v		etc. 0288.00					
7 State income tax	11.66	18 Local	wages, tips,	etc.					
9 Local income tax		20 Localit	y name						
				1					
MI.Stat	e Ref	<u> </u> erence	Сору						

Statement

1	Wages, tips, other comp. 60288.00			2 Federal income tax withheld 8207.81			
3	Social security wages			4 Social security tax withheld			
5	5 Medicare wages and tips			6 Medicare tax withheld			
d	Control	number	Dept.		Corp.	Employer	use only
00	0213	RK/6PB				Α	6
С	c Employer's name, address, and ZIP code						

NARTAL SYSTEMS INC 2650 RT 130 SUITE E CRANBURY, NJ 08512

b	Employer's FED ID number 26-1436017	a Employee's SSA number XXX-XX-4152					
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

SHALINI BODE 3699 EUCLID DR TROY, MI 48083

		Employer's state ID 26-1436017	no. 16	State	wages,	tips, etc. 60288.00
17	State	income tax	18	Local	wages,	tips, etc.
		2441.66	3			
19	Local	income tax	20	Local	ity nam	e
			- 1			

MI.State Filing Copy

Wage and Tax

Statement

× 2023

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