

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employee's records. OMB No. 1545-0008
 d Control number Dept. Corp. Employer use only
 0000000623 R79 000015 CKQ0 A C S 14797

c Employer's name, address, and ZIP code
 ZF NORTH AMERICA INC
 15811 CENTENNIAL DR
 NORTHVILLE, MI 48168

e/f Employee's name, address, and ZIP code
 SYAM KURAMSETTI
 30852 CENTENNIAL DR
 NOVI, MI 48377

b Employer's FED ID number 61-1462969		a Employee's SSA number XXX-XX-6687	
1 Wages, tips, other comp. 99066.60	2 Federal income tax withheld 14055.26		
3 Social security wages 109087.24	4 Social security tax withheld 6763.41		
5 Medicare wages and tips 109087.24	6 Medicare tax withheld 1581.76		
7 Social security tips	8 Allocated tips		
9			
11 Nonqualified plans		10 Dependent care benefits	
12a See instructions for box 12 C 108.42			
12b D 10020.64			
12c W 1824.96			
12d DD 6292.72			
13 Stat emp. Ret. plan 3rd party sick pay X			
15 State Employer's state ID no. MI 61-1462969	16 State wages, tips, etc. 99066.60		
17 State income tax 4106.69	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	99,066.60	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	6,763.41
FED. INCOME TAX WITHHELD BOX 02 OF W-2	14,055.26	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,581.76
STATE INCOME TAX BOX 17 OF W-2	4,106.69	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-6687

SYAM KURAMSETTI
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W-2 Federal Filing Copy
Wage and Tax
Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

19 Local income tax

20 Locality name

W-2 MI. State Filing Copy
Wage and Tax
Statement **2023**

OMB No. 1545-0008

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

19 Local income tax

20 Locality name

W-2 City or Local Filing Copy
Wage and Tax
Statement **2023**

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Copy 2 to be filed with employee's City or Local Income Tax Return.