Wage and Tax Statement C for employee's records. Control number Employer use only 0000068787 TAS CF11 C S 9347 c Employer's name, address, and ZIP code CAPITAL ONE SERVICES LLC 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102-3407 e/f Employee's name, address, and ZIP code RAMNIK GILL 8 MESA DR. SOUTH BARRINGTON, IL 60010 a Employee's SSA number Employer's FED ID number 54-1780389 XXX-XX-4248 1 Wages, tips, other comp. 2 Federal income tax withheld 179528.37 38751.68 3 Social security wages security tax withheld 160200.00 9932.40 5 Medicare wages and tips 6 Medicare tax withheld 180574.53 2618.33 8 Allocated tips Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 C | 38.78 12b D | 1046.16 12c DD | 4425.26 14 Other 12d | 13 Stat emp. | Ret, plan | 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. IL 54-1780389 000 6 179528.37 17 State income tax 18 Local wages, tips, etc. 8886.66 19 Local income tax 20 Locality name

**Employee Reference Copy** 

RAMNIK GILL 8 MESA DR. **SOUTH BARRINGTON, IL 60010**  Social Security Number: XXX-XX-4248

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PAGE 1 OF 1

| 1 Wa | Wages, tips, other comp. 179528.37               |       | 2 Federal income tax withheld 38751.68 |                               |  |
|------|--|-------|--|-------------------------------|--|
| 3 So | Social security wages 160200.00                  |       | 4 Social security tax withheld 9932.40 |                               |  |
| 5 Me | Medicare wages and tips<br>180574.53             |       | 6 Medicare tax withheld<br>2618.33     |                               |  |
|      | Control number<br>00068787 TAS                   | Dept. | Corp.                                  | Employer use only<br>C S 9347 |  |
| (    | nployer's name, a<br>CAPITAL ONE<br>1680 CAPITAL | SERVI | CES LLC                                |                               |  |

MCLEAN, VA 22102-3407

| b Employer's FED ID number 54-1780389     | a Emplo          | yee's SSA number<br>XXX-XX-4248 |
|---|------------------|---------------------------------|
| 7 Social security tips                    | 8 Alloca         | ted tips                        |
| 9   | 10 Depe          | ndent care benefits             |
| 11 Nonqualified plans                     | 12a See ii       | nstructions for box 12          |
| 14 Other                                  | <sup>12b</sup> D | 1046.16                         |
|   | 12c DD           | 4425.26                         |
|   | 12d              |                                 |
|   | 13 Stat emp      | 1. Ret. plan 3rd party sick pay |
| e/f Employee's name, address  RAMNIK GILL | and ZIP          | ode                             |

8 MESA DR. **SOUTH BARRINGTON, IL 60010** 

|                                | Employer's state ID no. 54-1780389 000 6 | 16 | State wages, tips, etc.<br>179528.37 |  |  |
|--------------------------------|--|----|--------------------------------------|--|--|
| 17 State income tax<br>8886.66 |  |    | 18 Local wages, tips, etc.           |  |  |
|                                |  |    | 20 Locality name                     |  |  |
|                                | Federal Filing                           | _  | Onv                                  |  |  |

Wage and Tax Statement

OMB No. 1545-0008 Copy B to be filed with employee's Federal Income Tax Return.

| 1 Wages, tips, other comp.<br>179528.37<br>3 Social security wages<br>160200.00 |          | 2 Federal income tax withheld 38751.68 4 Social security tax withheld 9932.40 |                   |  |
|---|----------|---|-------------------|--|
|   |          |   |                   |  |
| d Control number  | Dept.    | Corp.   | Employer use only |  |
| 0000068787 TAS  |          | CF11  | C S 9347          |  |
| c Employer's name, a  | address, | and ZIP co  | ode               |  |
| CAPITAL ONE   |          |   |                   |  |

Fold and Detach He

MCLEAN, VA 22102-3407

| b Employer's FED ID number 54-1780389 | a Employee's SSA number XXX-XX-4248 |              |                    |
|---------------------------------------|-------------------------------------|--------------|--------------------|
| 7 Social security tips                | 8 Alloca                            | ted tips     |                    |
| 4                                     | 10 Depe                             | ndent ca     | re benefits        |
| 11 Nonqualified plans                 | 12a<br>C                            |              | 38.78              |
| 14 Other                              | 12b D                               |              | 1046.16            |
|                                       | 12c DD                              | 4425.2       |                    |
|                                       | 12d                                 |              |                    |
|                                       | 13 Stat em                          | o. Ret. plan | 3rd party sick par |
| e/f Employee's name, address          | and ZIP                             | code         |                    |

SOUTH BARRINGTON, IL 60010

|                |                          | no. 16 State wages, tips, etc.<br>179528.37 |
|----------------|--------------------------|---|
| 17 Sta         | te income tax<br>8886.66 | 18 Local wages, tips, etc.                  |
| 19 Loc         | cal income tax           | 20 Locality name                            |
| PARTY NAMED IN | II Cara Eili             |   |

Wage and Tax Statement OMB No. 154 Copy 2 to be filed with employee's State Income Tax Return

|   |                              | _     | -                                      |                             |  |
|---|------------------------------|-------|--|-----------------------------|--|
| 1 | Wages, tips, other co        |       | 2 Federal income tax withheld 38751.68 |                             |  |
| 3 | Social security wage 160200  |       | 4 Social security tax withheld 9932.40 |                             |  |
| 5 | Medicare wages and<br>180574 |       | 6 Medica                               | are tax withheld<br>2618.33 |  |
| d | Control number               | Dept. | Corp.                                  | Employer use only           |  |
|   | 0000068787 TAS               |       | CF11                                   | C S 9347                    |  |
|   |                              |       |  |                             |  |

c Employer's name, address, and ZIP code CAPITAL ONE SERVICES LLC 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102-3407

| b Employer's FED ID num<br>54-1780389 | nber a Employee's SSA number XXX-XX-4248 |
|---------------------------------------|--|
| 7 Social security tips                | 8 Allocated tips                         |
| 9                                     | 10 Dependent care benefits               |
| 11 Nonqualified plans                 | 12a                                      |
|                                       | C 38.78                                  |
| 14 Other                              | <sup>12b</sup> D 1046.16                 |
|                                       | <sup>12c</sup> DD 4425.26                |
|                                       | 12d                                      |
|                                       | 13 Stat emp. Ret. plan 3rd party sick pa |

Employee's name, address and ZIP code

RAMNIK GILL 8 MESA DR. SOUTH BARRINGTON, IL 60010

| IL                          | Employer's state ID no. 54-1780389 000 6 | 16 | State wages, tips, etc.<br>179528.37 |
|-----------------------------|--|----|--------------------------------------|
| 17 State income tax 8886.66 |  | 18 | Local wages, tips, etc.              |
| 19 Local income tax         |  | 20 | Locality name                        |

City or Local Filing Copy Wage and Tax Statement

OMB No. 1545-0008 Copy 2 to be filed with employee's City or Local Income Tax Return