## 2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only L6/V7U Employer's name, address, and ZIP code **BLOOMING TECH INC** 

2015 AYRSLEY TOWN BLVD STE 202

NC 28273 CHARLOTTE,

Batch #92132

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

RAHUL REDDY SALLA 8404 WARREN PKWY FRSICO, TX 75034

Employer's FED ID number a Employee's SSA number 87-4484675 XXX-XX-5740 Wages, tips, other comp. Federal income tax withheld 39160.00 4495.63 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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 Wages Box 3 of W-2 Box 1 of W-2

Medicare Wages

Box 5 of W-2

Gross Pay Reported W-2 Wages

39,160.00 39,160.00

39,160.00 0.00

39,160.00 0.00

2. Employee Name and Address.

RAHUL REDDY SALLA 8404 WARREN PKWY FRSICO, TX 75034

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Wages, tips, other comp. 39160.00			2 Federal income tax withheld 4495.63			
3 Social security wages		4 Social security tax withheld				
5	Medicare	wages and	tips	6 Medica	re tax withh	eld
d	Control r	number	Dept.	Corp.	Employer	use only
00	0001	L6/V7U			Α	7
С	Employe	r's name, a	ddress, a	nd ZIP cod	le	

BLOOMING TECH INC

2015 AYRSLEY STE 202 TOWN BLVD CHARLOTTE, NC 28273

b	Employer's FED ID number 87-4484675	a Employee's SSA number XXX-XX-5740
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 an	d ZIP code

RAHUL REDDY SALLA 8404 WARREN PKWY FRSICO, TX 75034

15	State	Employer's	state	ID no.	16 <b>St</b> a	ate wages,	tips, etc.
17	State	income tax			18 <b>Lo</b>	ocal wages,	, tips, etc.
19	Local	income tax			20 <b>Lo</b>	cality nam	е
		Fac	laral	Fil	ina	Conv	

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 39160.00	2 Federal income tax withheld 4495.63
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept.	Corp. Employer use only
000001 L6/V7U	A 7
BLOOMING TEC 2015 AYRSLEY STE 202 CHARLOTTE, No	H INC TOWN BLVD
Employer's FED ID number 87-4484675	a Employee's SSA number XXX-XX-5740
7 Social security tips	8 Allocated tips
3	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 at RAHUL REDDY SALL 8404 WARREN PKWY FRSICO, TX 75034	A
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
State Refe	erence Copy

Wage and Tax

Statement

1 Wages, tips, other comp. 39160.00 3 Social security wages			2 Federal income tax withheld 4495.63 4 Social security tax withheld					
d Control number	Dept.		Corp.	Emplo	yer	use	only	
000001 L6/V7U				Α			7	
BLOOMING 2015 AYRS STE 202 CHARLOTTE	SLEY	T	OWN		)			
b Employer's FED ID r 87-4484675				yee's SS/ XXX-X)			•	
7 Social security tips		8	Alloca	ted tips				
9		10	Depend	dent care	bene	fits		
9 11 Nonqualified plans		10 12a		dent care	bene	fits		
		12a	·   	dent care	bene	fits		
11 Nonqualified plans		12a	· 	dent care	bene	fits		
11 Nonqualified plans		12a	· 	dent care	bene	fits		
11 Nonqualified plans		12i 12i 12d	·	dent care			sick pa	
11 Nonqualified plans	SALL/ PKWY	12i 12i 12d 12d 13	O   C	np. Ret. plan			sick pa	
11 Nonqualified plans 14 Other  e/f Employee's name, ac RAHUL REDDY 8404 WARREN	SALLA PKWY 034	12a 12a 12a 12a 13	Stat em	np. Ret. plan	3rd p	party:	sick pa	

20 Locality name

City or Local Reference

Wage and Tax

Statement

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

19 Local income tax