7										
1.					Fe	deral Box 1	Soc. Sec. Box 3 & 7	Medicare E	3ox 5	
To the	e right is information v	which shows your total wages	hv	Gross Wages	1	33548.00	133548.00	133548	3.00	
W-2 l	box and the amount of	any deferred compensation a	and/or	Txbl Benefits		546.60	546.60		5.60	
otner wage	s to arrive at your W-2	t were subtracted from total wages.		Group Term Life		74.32	74.32	74	4.32	
1		se forms, including an explan	ation	Adoption						
of the	e letter codes used in b	oox 12, are available on a	ation	Deferred Comp		5100.00)				
separate document.				Section 125		1235.52)	(1235.52)	(1235	.52)	
				Other Pretax/Wag		27022 40	422022 40	42202	2.40	
				W-2 Wages	1	27833.40	132933.40	132933	3.40	
	e's social security number	b Employer identification number (EIN	1)	d Control number	7 (
095-33-7609 26-1658811 00000898							_		OMB No. 1545-0008	
c Employer	r's name, address, and ZIP co	de		1 Wages, tips, other	er compensation 127833.4		ome tax withheld	19523.46		
Spark Red Inc. 155 N Wacker Drive					3 Social security w			rity tax withheld	15525.40	
Suite 4250					132933.40		I	82		
Chicago IL 60606					5 Medicare wages	and tips				
			Su			132933.4	0		1927.53	
	e's first name and initial	Last name	п.	7 Social security ti	ps	8 Allocated tip	os			
Jyothi D Gargeswari 8657 N MacArthur Blvd							-			
Apt 1091 Irving TX 75063					9		10 Dependent	10 Dependent care benefits		
USA					11 Nonqualified pla	ins	12a Saa inetr	ructions for box	12	
f Employee	e's address and ZIP code				TT Worldaning by		Code C	I	74.32	
15 State	Employer's state ID Number	16 State wages, tips, etc.	17 State i	ncome tax	13 Statutory R	etirement Third-party lan sick Pay	/ 12b			
	ļ		ļ		employee p		Code D		5100.00	
						X	Code DD	1	12970.24	
18 Local w	ages, tips, etc.	19 Local income tax	20 Localis	y name	14 Other		12d			
			}·				Code			
F W 0	W						Donortmont of the	Transum, Inte	arnal Bayanya Canilaa	
	Wage and Tax Statement or EMPLOYEE'S RECORDS	l .		2023	This in				ernal Revenue Service e required to file a tax return, a	
					negligen	ce penalty or other sancti	on may be imposed on yo	ou if this income is to	axable and you fail to report it	
	e's social security number 33-7609	b Employer identification number (EIN 26-1658811	1)	d Control number 000008982901					OND N. 4545 0000	
				000008982901	1 Wages, tips, other	or componention	2 Fodoral inco	ome tax withheld	OMB No. 1545-0008	
c Employer's name, address, and ZIP code					1 Wages, ups, out	127833.4		one tax withheld	19523.46	
Spark Red Inc. 155 N Wacker Drive					3 Social security w	ages	4 Social secur	rity tax withheld		
Suite 4250				132933.40			8241.87			
Criica	go IL 60606				5 Medicare wages	and tips	6 Medicare tax	x withheld		
e Employee's first name and initial Last name Suff.				ff.		132933.4			1927.53	
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Irving USA	091 3 TX 75063	16 State wages, tips, etc.	17 State i	ncome tax	9 11 Nonqualified pla	ins etirement Third-part	12a See instr Code C	care benefits	74.32	
Irving USA f Employee	091 TX 75063 e's address and ZIP code	16 State wages, tips, etc.	17 State i	ncome tax	9 11 Nonqualified pla	etirement Third-part an sick Pay	12a See instr	care benefits		
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