## 2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only L9/AKW Employer's name, address, and ZIP code RUBIK SYSTEMS LLC 16 BRIDGE STREET BUILDING C

NJ 08840 METUCHEN,

Batch #90836

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

RONITH AERVA 26493 EAST UNIVERSITY DRIVE APT 632

A		Υ, Τ									
b	Emplo	yer's FE <b>87-21</b>			а	Empl		e's SS/	\ number (-6379		
1	Wages	s, tips, o	ther co	mp.	2 Federal income tax withheld						
			2400	0.00					1782.	19	
3	Social	security	wages	i	4	Socia	Is	security	tax withhe	ld	
5	Medica	are wage	es and	tips	6	Medic	are	e tax wi	thheld		
7	Social security tips				8 Allocated tips						
9					10	Depen	de	nt care	benefits		
11	Nonqu	alified p	lans			-	istr 	uctionsfo	r box 12		
14	Other				121		_				
١	•				120		<u> </u>				
					120		_				
					13	Stat er	np.	Ret. plan	3rd party si	ck pa	
15	State	Employe	er's sta	te ID no	16	State	wa	ages, tip	s, etc.		
17	State	income t	ax		18	Local	w	ages, tip	s, etc.		
19	Loca	income	tax		20	Local	ity	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 Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

Gross Pay Reported W-2 Wages 24,000.00 24,000.00

24,000.00 0.00

24,000.00 0.00

2. Employee Name and Address.

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1	Wages,	tips, other o	omp. 00.00	2 Federal income tax withheld 1782.19				
3	Social :	security wage	es	4 Social	security tax	withheld		
5	5 Medicare wages and tips			6 Medicare tax withheld				
d	Control	number	Dept.	Corp.	Employer	use only		
0.0	0018	L9/AKW			Α	1		
c Employer's name, address, and ZIP code								

RUBIK SYSTEMS LLC 16 BRIDGE STREET BUILDING C METUCHEN, NJ 08840

b	Employer's FED ID number 87-2137362	a Employee's SSA number XXX-XX-6379						
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 em	p. Ret. plan	3rd party sick pay				
e/f	e/f Employee's name, address and ZIP code							

RONITH AERVA 26493 EAST UNIVERSITY DRIVE

APT 632

AUBREY, TX 76227

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 20 Locality name 19 Local income tax

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

1 Wages, tips, other c	omp. 0 <b>0.00</b>	2 Federal income tax withheld 1782.19				
3 Social security wage	es	4 Social security tax withheld				
5 Medicare wages and	6 Medicare tax withheld					
•						
d Control number	Dept.	Corp.	Employer	use only		
d Control number 000018 L9/AKW	Dept.	Corp.	Employer <b>A</b>	use only		
			Α	use only		

16 BRIDGE STREET BUILDING C METUCHEN. NJ 08840

b	Employer's FED ID number 87-2137362	a Employee's SSA number XXX-XX-6379			
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			
	F . I				

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

RONITH AERVA 26493 EAST UNIVERSITY DRIVE APT 632 ALIBREY TX 76227

	JUIL	, .	^	1022	_,									
15	State	Employ	er's	state	ID	no.	16	State	wage	s, 1	ips,	etc.		
17	State	income	tax				18	Local	wage	s,	tips,	etc.	)	
19	Local	income						Local	•					
			Sta	ite	R	efe	re	nce	С	op	у			

Wage and Tax Statement Copy 2 to be filed with employee's State Incom

1	Wages,	tips, other c	omp. 00.00	2	2 Federal income tax withheld 1782.19			
3	3 Social security wages				Social	security tax	withhe <b>i</b> d	
5	5 Medicare wages and tips				Medica	re tax withhe	ld	
d	Control	number	Dept.		Corp.	Employer	use only	
00	0018	L9/AKW				Α	1	

c Employer's name, address, and ZIP code RUBIK SYSTEMS LLC 16 BRIDGE STREET BUILDING C METUCHEN, NJ 08840

b	Employer's FED ID number 87-2137362	a Employee's SSA number XXX-XX-6379
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 pag
₽/f	Employee's name address	and ZIP code

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		•				
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

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return