| | | | | | redetai box | 300. | Sec. Dox 3 & / | suicare box 5 | |
|---|---|---|------------------------|--|---|--|--|---|--|
| To the | e right is information which | n shows your total wages by | | Gross Wages | 160961 | .88 | 160961.88 | 160961.88 | |
| W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. | | | | Txbl Benefits | 15078 | | 15078.66 | 15078.66 | |
| General instructions for these forms, including an explanation | | | | Group Term Life Adoption | 252 | .46 | 252.46 | 252.46 | |
| of the | letter codes used in box : ate document. | | Deferred Comp | (7846. | | | | | |
| | | | | Section 125 Other Pretax/Wage | (5032. ⁻ | | (5032.75) (11060.25) | (5032.75) | |
| | | | | W-2 Wages | 163413 | | 160200.00 | 171260.25 | |
| | | | | | | | | | |
| | ee's social security number | b Employer identification number (EIN | I) | d Control number | | | | | |
| 181 | 5 de nome address and 7/D ac | 26466 | | 000164442801 | 1 Wages tips other compa | neation | 2 Endoral income tay u | lo. 1545-0008 | |
| | r's name, address, and ZIP co USA, Inc. | ae | | 1 Wages, tips, other compensation 163413.95 | | 2 Federal income tax withheld | | 32581.92 | |
| 7373 Gateway Blvd Newark CA 94560 | | | | | 3 Social security wages 160200.00 | | 4 Social security tax withheld | | 9932.40 |
| | | | | | 5 Medicare wages and tips | 100200.00 | 6 Medicare tax withhel | d | 3332.40 |
| e Employee's first name and initial Last name Suff. | | | | ff. | 171260.25 | | | | 2483.27 |
| Nishai | | Kolli | | | 7 Social security tips | | 8 Allocated tips | | |
| Apt 23 Fremo | | | | 9 | | 10 Dependent care benefits | | | |
| USA | | | | 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| f Employe | e's address and ZIP code | | | | | | Code C | | 252.46 |
| 15 State CA | Employer's state ID Number 006-9384-6 | 16 State wages, tips, etc. 163413.95 | 17 State in | ncome tax 12613.95 | 13 Statutory Retiremen employee plan | t Third-party sick Pay | 12b Code D | 1 | 7846.30 |
| | 000 3304 0 | 100413.33 | | 12010.00 | X | | 12c Code DD | | 2846.26 |
| 18 Local w | rages, tips, etc. | 19 Local income tax | 20 Localit | y name | 14 Other RSU | 19116.02 | 12d | _ | 2040.20 |
| | | | | | CA SDI | 1378.48 | Code | | |
| | Wage and Tax Statemen | t | | 2023 | | | rtment of the Treasur | | |
| Copy C—Fo | or EMPLOYEE'S RECORDS | | | 2023 | This information in negligence penalty | is being furnished to t or other sanction may | he Internal Revenue Service. y be imposed on you if this in | If you are required come is taxable ar | l to file a tax return, Id you fail to report |
| | | | | | | | | | |
| a Employee's social security number b Employer identification number (EIN) d Control number 181-45-6705 26-1618465 000164442801 | | | | | OMB No. 1545-0008 | | | | |
| c Employer's name, address, and ZIP code | | | | | 1 Wages, tips, other compe | | 2 Federal income tax v | | |
| Lucid USA, Inc. 7373 Gateway Blvd Newark CA 94560 | | | | | 2 Social socurity wages | 163413.95 | 4 Social congrity toy w | ithhold | 32581.92 |
| | | | | | 3 Social security wages | 160200.00 | 4 Social security tax w | tnneid | 9932.40 |
| | | | | | 5 Medicare wages and tips | | 6 Medicare tax withhel | d | |
| | e's first name and initial | Last name | 7 Social security tips | 171260.25 | 8 Allocated tips | | 2483.27 | | |
| Nishanth Kolli 4875 Mowry Ave | | | | | , , | | | | |
| Apt 230 Fremont CA 94538 USA | | | | | 9 | | 10 Dependent care ber | | |
| | | | | | 11 Nonqualified plans | | 12a See instructions | for box 12 | |
| f Employee's address and ZIP code | | | | | 3 Statutory Retiremen | t Third nests | Code C | | 252.46 |
| 15 State CA | Employer's state ID Number 006-9384-6 | 16 State wages, tips, etc. 163413.95 | 17 State in | ncome tax 12613.95 | employee plan | sick Pay | Code D | | 7846.30 |
| | | | | | L × | | 12c Code DD | 1 | 2846.26 |
| 18 Local w | ages, tips, etc. | 19 Local income tax 20 Locality | | y name | 14 Other RSU | 19116.02 | 12d Code | <u> </u> | |
| | | | | | CA SDI | 1378.48 | | | |
| | Wage and Tax Statemen Be Filed With Employee's FE | | | 2023 | | Depa | artment of the Treasu | y - Internal R | evenue Servio |
| | | | | | | | | | |
| a Employe | ee's social security number | b Employer identification number (EIN | I) | d Control number | , , , , , , , , , , , , , , , , , , , | | | | |
| | 5-6705 | 26-1618465 | | 000164442801 | 1 | | | OMB N | lo. 1545-0008 |
| c Employe | r's name, address, and ZIP co | de | | | 1 Wages, tips, other compe | nsation 163413.95 | 2 Federal income tax v | ithheld. | 32581.92 |
| Lucid USA, Inc. 7373 Gateway Blvd | | | | | 3 Social security wages | | 4 Social security tax w | ithheld | |
| Newai | rk CA 94560 | | | | | 160200.00 | | | 9932.40 |
| | | | | | 5 Medicare wages and tips | 171260.25 | 6 Medicare tax withhel | 1 | 2483.27 |
| e Employee's first name and initial Last name Suff. Nishanth Kolli | | | | | 7 Social security tips | | 8 Allocated tips | | |
| 4875 Mowry Ave Apt 230 | | | | | 9 | | 10 Dependent care ber | | |
| | ont CA 94538 | | | | | | | | |
| f Employe | e's address and 7IP code | | | | 11 Nonqualified plans | | 12a See instructions | ior box 12 | 252.46 |
| f Employee's address and ZIP code 15 State Employer's state ID Number 16 State wages, tips, etc. 17 State inc. | | | ncome tax | 13 Statutory Retiremen | t Third-party | 12b | | | |
| CA | 006-9384-6 | 163413.95 | | 12613.95 | employee plan | sick Pay | Code D 12c | | 7846.30 |
| 18 Local w | rages, tips, etc. | 19 Local income tax | 20 Localit | y name | 14 Other | | Code DD | | 2846.26 |
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