## 2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Employer use only 105931 LONG/SZ6 Employer's name, address, and ZIP code

SRIVEN SYSTEMS INC

545 S KIMBALL AVE # 100 SOUTHLAKE TX 76092

Batch #00394

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

ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

b	Emplo	yer's FED ID i	number	а	Empl	oye	e's SSA	A numbe	r
		13-409321				Х	XX-XX	-6858	
1	Wages	, tips, other c	omp.	2	Fede	ral	income	tax with	held
		490	64.00					3829	.21
3	Social security wages 49064.00			4	Socia	al s	security	tax withl	neld
				3041.97					.97
5	5 Medicare wages and tips 49064.00			6	Medic	care	tax wi	thheld	
								711	.43
7	Social security tips			8 Allocated tips					
9				10	Deper	ıde	nt care	benefits	
11	Nonqualified plans			12	See ii	nstr	uctionsfo	r box 12	
				12	<u> </u>	Т			
14	Other			12	C	ı			
				12	d				
				13	Stat e	mp.	Ret. plan	3rd party	sick pay
	State	Employer's s	tate ID no.	16	State	Wa	ages, tip	s, etc.	
17 State income tax 19 Local income tax			18	Local	w	ages, tip	s, etc.		
			20	Local	ity	name			

Wages, tips, other comp. Federal income tax withheld 49064.00 3829.21 Social security wages 49064.00 3041.97 Medicare tax withheld Medicare wages and tips 49064.00 711.43 Control number Dept. Employer use only 105931 LONG/SZ6 Employer's name, address, and ZIP code

SRIVEN SYSTEMS INC 545 S KIMBALL AVE # 100 SOUTHLAKE TX 76092

b	Employer's FED ID number 13-4093217	a Employee's SSA number XXX-XX-6858				
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 and ZIP code

ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

	State X	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

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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 Medicare TX. State Wages, Compensation Wages Tips, Etc. Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2 49,064.00 49,064.00 49,064.00 Gross Pav Reported W-2 Wages 49,064.00 49,064.00 49,064.00

2. Employee Name and Address.

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1 Wages, tips, other c	omp. 64.00	2 Federa	income ta	withheld 3829.21	
3 Social security wage 490	4 Social	security tax	withheld		
5 Medicare wages and 490	6 Medica	re tax withh	neld 711.43		
d Control number	Dept.	Corp. Employer use of			
105931 LONG/SZ6			A	19	
c Employer's name, address, and ZIP code					
c Employer's name, a	ddress, ar	nd ZIP cod	9		

b	Employer's FED ID number 13-4093217	a Employee's SSA number XXX-XX-6858					
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					

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

ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

	State	Employer's	state	ID	no.	16	State	wages,	tips,	etc.
17	State	income tax			-	18	Local	wages,	tips,	etc.
19	Local	income tax			2	20	Local	ity nam	е	

TX.State Reference Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other c	2	2 Federal income tax withheld				
	490			3	829.21		
3	Social security wage	4 Social security tax withheld 3041.97					
5	Medicare wages and tips 49064.00			Medica	re tax withhe	eld 711.43	
d	Control number	Dept.		Corp.	Employer	use only	
10	5931 LONG/SZ6				A	19	

c Employer's name, address, and ZIP code

SRIVEN SYSTEMS INC 545 S KIMBALL AVE # 100 SOUTHLAKE TX 76092

b	Employer's FED ID number	a Employee's SSA number
	13-4093217	XXX-XX-6858
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

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

ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

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

TX.State Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax Return