



Employee Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy C for employee's records. OMB No. 1545-0008

|  |   |                            |                        |    |
|--|---|----------------------------|------------------------|----|
| d Control number<br>000359   | Dept.<br>R3/DNJ                           | Corp.                      | Employer use only<br>A | 20 |
| c Employer's name, address, and ZIP code<br><b>RAVEN SOFTWARE SOLUTIONS INC</b><br><b>1503 LBJ FWY STE 250</b><br><b>FARMERS BRANCH, TX 75234</b><br><br><b>Batch #91336</b> |   |                            |                        |    |
| e/f Employee's name, address, and ZIP code<br><b>SRINISHA CHAPYALA</b><br><b>655 PROMENADE PARKWAY</b><br><b>5001</b><br><b>IRVING, TX 75039</b>                             |   |                            |                        |    |
| b Employer's FED ID number<br>20-1668986   | a Employee's SSA number<br>XXX-XX-0749    |                            |                        |    |
| 1 Wages, tips, other comp.<br>96512.00   | 2 Federal income tax withheld<br>12965.40 |                            |                        |    |
| 3 Social security wages<br>96512.00  | 4 Social security tax withheld<br>5983.74 |                            |                        |    |
| 5 Medicare wages and tips<br>96512.00  | 6 Medicare tax withheld<br>1399.42        |                            |                        |    |
| 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     |    |
| 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 Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay          | 96,512.00                                       | 96,512.00                             | 96,512.00                      |
| Reported W-2 Wages | 96,512.00                                       | 96,512.00                             | 96,512.00                      |

2. Employee Name and Address.

**SRINISHA CHAPYALA**  
**655 PROMENADE PARKWAY**  
**5001**  
**IRVING, TX 75039**

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|   |   |                            |                        |    |
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| 5 Medicare wages and tips<br>96512.00   | 6 Medicare tax withheld<br>1399.42        |                            |                        |    |
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| b Employer's FED ID number<br>20-1668986  | a Employee's SSA number<br>XXX-XX-0749    |                            |                        |    |
| 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<br><b>SRINISHA CHAPYALA</b><br><b>655 PROMENADE PARKWAY</b><br><b>5001</b><br><b>IRVING, TX 75039</b>   |   |                            |                        |    |
| 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                          |                            |                        |    |

Federal Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

|   |   |                            |                        |    |
|---|---|----------------------------|------------------------|----|
| 1 Wages, tips, other comp.<br>96512.00  | 2 Federal income tax withheld<br>12965.40 |                            |                        |    |
| 3 Social security wages<br>96512.00   | 4 Social security tax withheld<br>5983.74 |                            |                        |    |
| 5 Medicare wages and tips<br>96512.00   | 6 Medicare tax withheld<br>1399.42        |                            |                        |    |
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| b Employer's FED ID number<br>20-1668986  | a Employee's SSA number<br>XXX-XX-0749    |                            |                        |    |
| 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<br><b>SRINISHA CHAPYALA</b><br><b>655 PROMENADE PARKWAY</b><br><b>5001</b><br><b>IRVING, TX 75039</b>   |   |                            |                        |    |
| 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 Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|   |   |                            |                        |    |
|---|---|----------------------------|------------------------|----|
| 1 Wages, tips, other comp.<br>96512.00  | 2 Federal income tax withheld<br>12965.40 |                            |                        |    |
| 3 Social security wages<br>96512.00   | 4 Social security tax withheld<br>5983.74 |                            |                        |    |
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| b Employer's FED ID number<br>20-1668986  | a Employee's SSA number<br>XXX-XX-0749    |                            |                        |    |
| 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<br><b>SRINISHA CHAPYALA</b><br><b>655 PROMENADE PARKWAY</b><br><b>5001</b><br><b>IRVING, TX 75039</b>   |   |                            |                        |    |
| 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                          |                            |                        |    |

City or Local Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008