2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only KB/NAG Employer's name, address, and ZIP code

STAFFWORXS LLC 515 PLAINFIELD AVE SUITE 201 EDISON, NJ 08817

Batch #99874

e/f Employee's name, address, and ZIP code PAVAN VARMA MANTHENA 14220 CYBER PLACE

TAMPA, FL 33613 Employer's FED ID number a Employee's SSA numbe 81-4103927 XXX-XX-7008 Wages, tips, other comp. Federal income tax withheld 124421.80 20132.09 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 385.05 DENTAL 1957.71 MED 79.44 VISION 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 Social Security Medicare Compensation Wages Wages Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

126,844.00 126,844.00 126,844.00 Gross Pav Less Other Cafe 125 2,422.20 N/A N/A Reported W-2 Wages 0.00 124,421.80 0.00

2. Employee Name and Address.

PAVAN VARMA MANTHENA 14220 CYBER PLACE 202 **TAMPA, FL 33613**

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1 Wages, tips, other comp 124421.8	
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number De	ept. Corp. Employer use only
000044 KB/NAG	A
c Employer's name addre	see and 7ID code

STAFFWORXS LLC 515 PLAINFIELD AVE SUITE 201 EDISON, NJ 08817

b	Employer's FED ID number 81-4103927	a Employee's SSA number XXX-XX-7008				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12				
14	Other	12b				
	385.05 DENTAL 1957.71 MED 79.44 VISION	12c				
		12d				
		13 Stat emp Ret. plan 3rd party sick pay				
e/f	Employee's name, address an	nd ZIP code				

PAVAN VARMA MANTHENA 14220 CYBER PLACE

TAMPA, FL 33613

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 Local	ity name

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

1 Wages, tips, other co		2 Federa	2 Federal income tax withhele 20132.0				
3 Social security wage	4 Social security tax withheld						
5 Medicare wages and	tips	6 Medicare tax withheld					
d Control number	Dept.	Corp.	Employer use only				
000044 KB/NAG		Α					

STAFFWORXS LLC 515 PLAINFIELD AVE SUITE 201 EDISON, NJ 08817

b	Employer's FED ID number 81-4103927	a Employee's SSA number XXX-XX-7008
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other 385.05 DENTAL 1957.71 MED	12b
		12c
		12d
	79.44 VISION	13 Stat emp. Ret. plan 3rd party sick pay
- 16	Employee's name address	and ZID ands

of Employee's name, address and ZIP code

PAVAN VARMA MANTHENA 14220 CYBER PLACE TAMPA, FL 33613

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	Local	ity nam	е	

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

1	Wages, tips, other of 1244	2	Federa	l income tax 20	withheld 132.09		
3 Social security wages			4 Social security tax withheld				
5	5 Medicare wages and tips			6 Medicare tax withheld			
d	d Control number Dept.			Corp.	Employer	use only	
00	000044 KB/NAG				Α		
С	c Employer's name, address, and ZIP code						
	STAFFWORXS LLC						

515 PLAINFIELD SUITE 201 EDISON, NJ 08817

b	Employer's FED ID number 81-4103927	a Employee's SSA number XXX-XX-7008				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
	385.05 DENTAL 1957.71 MED 79.44 VISION	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick p				

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

PAVAN VARMA MANTHENA 14220 CYBER PLACE 202 TAMPA. FL 33613

• •									
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 Wage and Tax

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