2023 W-2 and EARNINGS S

Statement Copy C for employee's records. Control number Employer use only 0000004469 WMP YABF C S 237 Employer's name, address, and ZIP code VISA TECHNOLOGY & OPERATIONS LLC 900 METRO CENTER BLVD FOSTER CITY, CA 94404

Employee Reference Copy Wage and Tax

e/f Employee's name, address, and ZIP code DIVYANI AUDICHYA 12610 RIATA TRACE PARKWAY **APT 612** AUSTIN, TX 78727

19 Local income tax

Employer's FED ID number a Employee's SSA number 74-3070018 XXX-XX-5127 Wages, tips, other comp. 2 Federal income tax withheld 100182.12 14300.64 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits | 120.12 | 12064.00 | 1400.00 12b D 14 Other 12c W 1 12d DD 1 13 Stat emp. 10320.00 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc.

The wages, tips, and other compensation reflect sum of those wages shown on your last pay sta additional compensation or adjustments rece payroll close.

ıe

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-5127

DIVYANI AUDICHYA 12610 RIATA TRACE PARKWAY **APT 612** AUSTIN, TX 78727



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PAGE 1 OF 1

Wages, tips, other comp. 100182.12 Social security wages Medicare wages and tips		2 Federal income tax withheld 14300.64			
		4 Social security tax withheld 6 Medicare tax withheld			
					d Control number 0000004469 WMP

20 Locality name

VISA TECHNOLOGY & OPERATIONS LLC 900 METRO CENTER BLVD FOSTER CITY, CA 94404

	yee's SSA number XXX-XX-5127			
8 Allocated tips				
10 Deper	ndent care benefits			
CI	structions for box 12 120.12			
^{12b} D	12064.00			
12c W	1400.00			
12d DD	10320.00			
13 Stat emp	Ret. plan 3rd party sick pay			
	8 Allocat 10 Deper 12a See in C 12b D 12c W 12d DD			

DIVYANI AUDICHYA 12610 RIATA TRACE PARKWAY **APT 612 AUSTIN, TX 78727**

DAMES OF STREET			
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	C	ору

Wage and Tax Statement OMB No. 1545-0008 B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other co 100182		2 Federal income tax withheld 14300.64			
3	3 Social security wages		4 Social security tax withheld			
5	Medicare wages and	tips	6 Medica	re tax withheld		
d	Control number 0000004469 WMP	Dept.	Corp.	Employer use only		
С	Employer's name, a VISA TECHNO 900 METRO CE FOSTER CITY,	LOGY A	& OPERA BLVD			

Fold and Detach Here →

er a Employee X	's SSA number XX-XX-5127
8 Allocated	tips
10 Depende	ent care benefits
12a C	120.12
^{12b} D	12064.00
12cW	1400.00
12d DD	10320.00
13 Stat emp. Re	t. plan 3rd party sick pay X
	8 Allocated 10 Depende 12a C 12bD 12cW 12dDD

DIVYANI AUDICHYA 12610 RIATA TRACE PARKWAY **APT 612** AUSTIN, TX 78727

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

1	Wages, tips, other con 100182		2 Federal income tax withheld 14300.64			
3	3 Social security wages		4 Social security tax withheld			
5	5 Medicare wages and tips		6 Medicare tax withheld			
d	Control number 0000004469 WMP	Dept.	Corp.	Employer use only		

c Employer's name, address, and ZIP code **VISA TECHNOLOGY & OPERATIONS LLC** 900 METRO CENTER BLVD FOSTER CITY, CA 94404

b	Employer's FED ID number 74-3070018	a Emplo	yee's SS XXX-X	A number (X-5127
7	Social security tips	8 Alloca	ted tips	
9		10 Depe	ndent ca	re benefits
11	Nonqualified plans	12a C		120.12
14	Other	^{12b} D		12064.00
		12c W		1400.00
		12d DD		10320.00
		13 Statem	p. Ret. plan	3rd party sick pa

DIVYANI AUDICHYA 12610 RIATA TRACE PARKWAY **APT 612** AUSTIN, TX 78727

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

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