## SC. State Reference Copy Wage and Tax Statement

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

Oncome Tax Relation.

Oncome Tax Relation. Employer use only 0000010402 NDG 9467 C S 9345 c Employer's name, address, and ZIP code

**EMPOWER RETIREMENT LLC** 8515 E ORCHARD RD GREENWOOD VILLAGE, CO 80111

e/f Employee's name, address, and ZIP code RAJAVARDHAN SOMA 6136 ARTIGAS DR INDIAN LAND, SC 29707

b Empl	oyer's FED ID number 84-1233483	XXX-XX-441/
1 Wages	s, tips, other comp.	2 Federal income tax withheld
150 16	160884.29	24494.52
3 Social	security wages	4 Social security tax withheld
	160200.00	9932.40
5 Medic	160884.29	6 Medicare tax withheld 2332.82
7 Social	security tips	8 Allocated tips
9		10 Dependent care benefits  12a See instructions for box 12
11 Nong	ualified plans	C 93.60
14 Other		12b W   1875.12
.,		12c AA 1 10254.71
		12d DD   13668.74 13 Stat emp Ret. plan 3rd party sick pay
		X Stat emp. Het planism party sick pay
15 State	Employer's state ID no 10161912 5	. 16 State wages, tips, etc. 68588.84
17 State	income tax 3689.89	18 Local wages, tips, etc.
		20 Locality name

Wages, tips, other comp. 160884.29		2 Federal income tax withheld 24494.52		
3 Social security wage	.00	7.37	security tax withheld 9932.40	
5 Medicare wages and 160884	tips	6 Medica	are tax withheld 2332.82	
d Control number 0000010402 NDG	Dept.	Corp. 9467	C S 9345	

c Employer's name, address, and ZIP code EMPOWER RETIREMENT LLC 8515 E ORCHARD RD GREENWOOD VILLAGE, CO 80111

b Employer's FED ID number 84-1233483	a Employee	's SSA number XX-XX-4417
7 Social security tips	8 Allocated tips	
4	10.00	nt care benefits
11 Nonqualified plans	12a See Instr	uctions for box 12 93.60
14 Other	12bW	1875.12
	12c AA	10254.71
	12d DD	13668.74
	13 Stat emp. Ret	plan 3rd party sick pag

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

6136 ARTIGAS DR INDIAN LAND, SC 29707

15 State	Employer's state ID no. 10161912 5	16	State wages, tips, etc. 68588.84
	3689.89	18	Local wages, tips, etc.
19 Local	income tax	20	Locality name

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

## 2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus 9,932.40

any adjustments made by your employer. SOCIAL SECURITY GROSS PAY TAX WITHHELD BOX 04 OF W-2 2,332.82

MEDICARE TAX 24,494.52 FED. INCOME TAX WITHHELD WITHHELD BOX 06 OF W-2 BOX 02 OF W-2

SUI/SDI 7,738.89 STATE INCOME TAX BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

0.00

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

Social Security Number: XXX-XX-4417

RAJAVARDHAN SOMA 6136 ARTIGAS DR INDIAN LAND, SC 29707

Fold and Detach Here

© 2023 ADP, Inc.

PAGE 2 OF 2

## 2023 W-2 and EARNINGS SUMMARY

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

d Control number
Dept Corp.
0000010402 NDG
9467
C S 9344

c Employer's name, address, and ZIP code
EMPOWER RETIREMENT LLC
8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111

e/f Employee's name, address, and ZIP code RAJAVARDHAN SOMA 6136 ARTIGAS DR INDIAN LAND, SC 29707

b Em	ployer's FED ID number 84-1233483	a Employee's SSA number XXX-XX-4417
1 Wag	ges, tips, other comp.	2 Federal income tax withheld
	160884.29	24494.52
3 Soc	ial security wages	4 Social security tax withheld
	160200.00	9932.40
5 Med	licare wages and tips	6 Medicare tax withheld
	160884.29	2332.82
7 Soc	ial security tips	8 Allocated tips
9		10 Dependent care benefits
11 No	nqualified plans	12a See instructions for box 12 93.60
14 Ot	her	12b W 1875.12
		12c AA   10254.71
		12d DD1 13668.74
		13 Stat emp. Ret, plan 3rd party sick par
15 Sta	te Employer's state ID n	o. 16 State wages, tips, etc.
17 Sta	te income tax 7738.89	18 Local wages, tips, etc.
19 Loc	al income tax	20 Locality name

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY

164,986.32

SOCIAL SECURITY

9,932.40

TAX WITHHELD BOX 04 OF W-2 MEDICARE TAX 2,332.82 24,494.52 FED. INCOME WITHHELD TAX WITHHELD BOX 06 OF W-2 BOX 02 OF W-2 7,738.89 0.00 SUI/SDI STATE INCOME TAX BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2

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

Social Security Number: XXX-XX-4417

2 Federal income tax withheld

4 Social security tax withheld

24494.52

9932.40

2332.82

RAJAVARDHAN SOMA 6136 ARTIGAS DR INDIAN LAND, SC 29707

Fold and Detach Here ->



1 Wages, tips, other comp

160884.29

160200.00

160884.29

wages and tips

curity wages

© 2023 ADP. Inc

Wages, tips, other comp.

Medicare wages and tips 160884.29

Social security wages

160884.29

160200.00

PAGE 1 OF 2

24494.52

9932.40 withheld

2332.82

Employer use only

2 Federal income tax withheld

4 Social security tax withheld

Wages, tips, other comp. 160884.29		M. Missily	2 Federal income tax withheld 24494.52 4 Social security tax withheld 9932.40		
3 Social	Social security wages 160200.00				
5 Medica	re wages and tips 160884.29	6 Medica	are tax withheld 2332.82		
	ol number Dep	ot. Corp. 9467	Employer use only C S 9344		
GRI	E ORCHARD EENWOOD VILI	LAGE, CO 8			
b Emplo	yer's FED ID num 84-1233483	8 Alloca	yee's SSA number XXX-XX-4417		
9 11 Nonq	ualified plans	12a See in	ndent care benefits nstructions for box 12 93.60		
14 Other	6. 200	12bW	1875.12		
		12c AA	10254.71		
		12d DD	13668.74 Ret. plan 3rd party sick pay		
		1 1 1 1 1 1 1 1 1 1 1	X		
RAJA 6136 INDIA	oyee's name, addr AVARDHAN S ARTIGAS DR AN LAND, SC 2	OMA 9707			
15 State	TOTAL STATE	- 90	wages, tips, etc.		
17 State	7738.89	16 Local	wages, ups, oto.		
	1138.89	20 Local			

Federal Filing Copy Wage and Tax

Statement

d Cont	roi number	Dept.	Corp.	Linbid	yel dae olly
00000	10402 NDG		9467	CS	9344
EMI	yer's name, a POWER RE 5 E ORCHA	TIREME			
GRI	ENWOOD	VILLAG	SE, CO 8	30111	
b Empl	oyer's FED ID 84-123348	number 3	a Emplo	yee's SS XXX-)	X number
	security tips		8 Allocated tips		
4			10 Depe	ndent ca	re benefits
11 Nong	ualified plans		12a C	Maria.	93.60
14 Other	14 Other		12bW	m ing	1875.12
			12c AA	Jan Sto	10254.71
			12dDD	o Pay	13668.74
				X	3rd party sick pay
e/f Empl	oyee's name,	address	and ZIP	code	Gottarida a
6136	AVARDHAN ARTIGAS I	OR			
INDIA	AN LAND, S				
15 State NC	Employer's st 601006267	ate ID no.	1 1 1 1 1 1 1 1	92	2295.45
17 State	income tax 4049	0.00	18 Local		1 194
19 Local	income tax	1716	20 Local	ity name	

NC. State Reference Copy

Wage and Tax

Statement

e filed with employee's State Incom

b Emplo	yer's FED ID number 84-1233483	a Employ	vee's SSA number XXX-XX-4417	
7 Social	security tips	8 Allocated tips		
9		10 Deper	dent care benefits	
11 Nonq	ualified plans	12a C	93.60	
14 Other		12bW	1875.12	
		12c AA	10254.71	
		12d DD	13668.74	
		13 Stat emp	Ret. plan 3rd party sick pay	
RAJA 6136	oyee's name, address AVARDHAN SOM ARTIGAS DR AN LAND, SC 2970	1A 07		
15 State NC	Employer's state ID no. 601006267	16 State	wages, tips, etc. 92295.45	
17 State	Income tax 4049.00	4-39	wages, tips, etc.	
19 Local income tax		20 Locality name		

NC. State Filing Copy Wage and Tax

Statement