7					rederal box	1 500.	Sec. box 3 & /	Medicare Box 5	1
To the	right is information v	which shows your total wages	hv	Gross Wages	140864.3	38 1	40864.38	140864.38	<b>;</b>
W-2 b	oox and the amount of	f any deferred compensation a at were subtracted from total	and/or	Txbl Benefits	432.8		432.84	432.84	
	s to arrive at your W-2			Group Term Life	91.9	92	91.92	91.92	!
Gene	ral instructions for the	se forms, including an explan-	ation	Adoption  Deferred Comp	(11261.7	2)			
	e letter codes used in l ate document.	oox 12, are available on a		Section 125	(5208.0		(5208.00)	(5208.00)	)
				Other Pretax/Wag					
				W-2 Wages	124919.	42 1	36181.14	136181.14	ŀ
	-1	b Employer identification number (EIN	ı)	d Control number					
	e's social security number 1-5916	47-0376012	•,	000560877001	1.7			OME	3 No. 1545-0008
c Employer	's name, address, and ZIP co	de			1 Wages, tips, other comper		2 Federal incor	ne tax withheld	10011 50
	Credit Services of Ame	rica			3 Social security wages	124919.42	4 Social securi	ty tay withheld	13811.50
	S 118th St a NE 68137-2210				, ,	136181.14		,	8443.23
					5 Medicare wages and tips		6 Medicare tax	withheld	
e Employe	e's first name and initial	Last name	Su	ff.	7 Social security tips	136181.14	8 Allocated tips		1974.63
	ishwar Reddy 7 Merion Dr	Gangapuram			Toolia oodaniy apo		o / modulou mpi	•	
	a NE 68136				9		10 Dependent of	care benefits	
USA					11 Nonqualified plans		12a Soo instru	ctions for box 12	
f Employee	s's address and ZIP code				quamaa pana		Code C		91.92
15 State	Employer's state ID Number		17 State i	ncome tax	13 Statutory Retirement employee plan	Third-party sick Pay	12b Code D		11261.72
NE	21-008991081	124919.42	}	6058.10	X		12c		
18 Local w	ages, tips, etc.	19 Local income tax	20 Localis	ty name	14 Other		Code W		4200.00
			ļ				Code DD		19620.00
Fa W 2	Moss and Tay Statemen					Dens	artment of the T	reasury—Internal	I Rovenue Senic
Copy C—Fo	Wage and Tax Statemen r EMPLOYEE'S RECORDS	·		2023		s being furnished to	the Internal Revenue	Service. If you are requi	ired to file a tax return,
					nogagonoo ponaa,		.,		and you ran to report
	e's social security number	b Employer identification number (EIN	١)	d Control number					
	1-5916 's name, address, and ZIP co	47-0376012		000560877001	1 Wages, tips, other comper	sation	2 Federal incor	OME ne tax withheld	3 No. 1545-0008
C Employer	s name, address, and Zir co	ue					2 i ederai ilicoi	ne tax withheld	
F	Consider Consideration of Assess					124919.42			13811.50
5015	Credit Services of Ame	rica			3 Social security wages		4 Social securi	ty tax withheld	
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5015 Omah	S 118th St a NE 68137-2210 e's first name and initial	Last name	Su	ff.	3 Social security wages 5 Medicare wages and tips	136181.14		withheld	8443.23
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