## 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 000066 K7/AZ9 Employer's name, address, and ZIP code CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038

Batch #91340

DEVANAND ALE 38255 SARATOGA CIRCLE APT 26-102

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

**FARMINGTON** HILLS, MI 48331

a Employee's SSA number XXX-XX-3908 Employer's FED ID number 81-4310365 Wages, tips, other comp Federal income tax withheld 143112.57 12665.70 Social security wages Social security tax withheld 143112.57 8872.98 5 Medicare wages and tips 6 Medicare tax withheld 2075.13 143112.57 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 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

143112.57 12665.70 Social security wages 143112.57 Social security tax withheld 8872.98 Medicare wages and tips 143112.57 Medicare tax withheld 2075.13 Dept. Employer use only 000066

Employer's name, address, and ZIP code

CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038

b	Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-3908
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 an	d ZIP code

DEVANAND ALE 38255 SARATOGA CIRCLE APT 26-102

**FARMINGTON HILLS, MI 48331** 

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

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-2 156,300.00 156,300.00 156,300.00 Gross Pav Less Other Cafe 125 13,187.43 13,187.43 13,187.43 143,112.57 Reported W-2 Wages 143,112.57 143,112.57

2. Employee Name and Address.

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1 Wages, tips, other comp. 143112.57			2 Federal income tax withheld 12665.70			
3	Social security wag 1431	4 Social security tax withheld 8872.98				
5 Medicare wages and tips 143112.57			6 Medicare tax withheld 2075.13			
d	Control number	Dept.	Corp.	Employer	use only	
00	00066 K7/AZ9			Α	2	

c Employer's name, address, and ZIP code

CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038

b	Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-3908
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

DEVANAND ALE 38255 SARATOGA CIRCLE APT 26-102 FARMINGTON HILLS, MI 48331

15	State	Employer's	state I	D no.	16	6 State wages, tips, etc.
17	State	income tax			18	B Local wages, tips, etc.
19	Local	income tax			20	D Locality name

State Reference Wage and Tax Statement

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

1	Wages,	tips, other c		2	Federal	income tax 12	withheld 665.70
3	Social s	security wage	es 12.57	4	Social	security tax	withheld 872.98
5	Medicar	e wages and 1431	tips 12.57	6	Medica	re tax withhe	od 075.13
d	Control	number	Dept.		Corp.	Employer	use only
00	0066	K7/AZ9				Α	2

c Employer's name, address, and ZIP code

CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038

b	Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-3908			
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

DEVANAND ALE 38255 SARATOGA CIRCLE APT 26-102 **FARMINGTON** HILLS, MI 48331

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

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