	ee Refo age ar Statem	d Tax	2023 OMB No. 1846-0008
Control number	Dept.	Corp.	Employer use only
21804 LOS2/K57	811500		T 1069

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

Batch #02865

13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address, and ZIP code DIVYA PALANICHAMY **ESPERANZA** 12211 **IRVINE CA 92618** 

Employee's SSA numbe b Employer's FED ID number 95 - 4376145 s. tips. other cor XXX-XX-4924 25092.99 2151.91 Social security tax withheld 25092.99 1555.77 25092.99 363.85

8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nongualified plans 32.64 14 Other 12c 225.54 SDI

15 State Employer's state ID no. 16 State wages, tips, etc. 25092.99 7 State income tax 18 Local wages, tips, etc. 1715.41 9 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.

CA. State Wages, Social Security Wages, Tips, other Medicare Compensation Box 1 of W-2 Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 25,060.35 **Gross Pay** 25,060,35 25,060.35 25,060.35 Plus GTL (C-Box 12) 32.64 32.64 32.64 32.64 Reported W-2 Wages 25,092.99 25,092.99 25,092.99 25,092.99

2. Employee Name and Address.

DIVYA PALANICHAMY **ESPERANZA** 12211 **IRVINE CA 92618** 

C 2023 ADP, Inc.

Wages, tips, other c 2509	omp. 92.99	2 Federal income tax withheld 2151.91					
Social security wage 250	es 92.99	4 S	Social security tax withheld 1555.77				
Medicare wages and 250	Medicare wages and tips 25092.99			are tax withheld 363.85			
Control number	Dept.	Corp. Employer use only					
121804 L0S2/K57	811500			T 1069			

121804 LOS2/K57|811500| Employer's name, address, and ZIP code SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

95 - 4376145	XXX-XX-4924
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 C 32.64
4 Other	12b
225.54 SDI	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
# Employee's name, address	s and ZIP code

DIVYA PALANICHAMY

SPERANZA 2211

RVINE CA 92618

5 State Employer's state ID no. 16 State wages, tips, etc. CA 391 - 4652 7 25092 . 99 7 State income tax
1715.41 18 Local wages, tips, etc. Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other of 250	omp. 92.99	2 Federal income tax withheld 2151.91				
3	Social security wag 250	<sub>jes</sub> 92.99	4 Social security tax withheld				
5	Medicare wages an 250	d tips 92.99	6 Medicare tax withheld 363.85				
d	Control number	Dept.	Corp.	Empl	oyer use only		
12	21804 LOS2/K57	811500		T	1069		
С	Employer's name, a	ddress, ar	nd ZIP cod	de			

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

b	Employer's FED ID number 95 - 4376145	a Employee's SSA number XXX-XX-4924					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   32.64					
14	Other	12b					
	225.54 CA SDI	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party slok pa					
M	Employee's name, address a	and 7ID and					

DIVYA PALANICHAMY

**ESPERANZA** 12211

IRVINE CA 92618

15 State Employer's state ID no. CA 391 - 4652 7	16 State wages, tips, etc. 25092.99
1715.41	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA.State Reference Copy Wage and Tax Statement

1	Wages, tips, other 250	2 Federal income tax withheld 2151.91						
3	Social security was	<sub>jes</sub> 92.99	4 Social security tax withheld 1555.77					
5	Medicare wages an 250	d tips 92.99	6 Medicare tax withheld 363.85					
d	Control number	Dept		Corp.	Em	player use only		
12	1804 L0S2/K57	811500		T 1069				
C Employer's name, address, and 7IP code								

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

b	Employer's FED ID number 95-4376145	a Employee's SSA number XXX - XX - 4924					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   32.64					
14	Other	12b					
	225.54 CA SDI	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pa					
e/f	Employee's name, address	nd 71D and					

DIVYA PALANICHAMY

**ESPERANZA** 12211

**IRVINE CA 92618** 

15 C	State A	Employer's state ID no. 391 - 4652 7	16	State wages, tips, etc. 25092.99
17	State	1715.41	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

CA.State Filing Copy Wage and Tax

Statement

## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax 2 Statement Copy C for employee's records.
d Control number Dept. Employer use only

121804 LOS2/K57 811500

Employer's name, address, and ZIP code SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

Batch #02865

25092.99

18 Local wages, tips, etc.

20 Locality name

e/f Employee's name, address, and ZIP code DIVYA PALANICHAMY **ESPERANZA** 12211

		92618								
b Em		ED ID num 376145	ber	a	Emp				A number X - 4924	
1 W	ages, tips,	other comp	э.	2	Fede				tax withheld	
		25092.	99	2151.9						
3 Sc	cial securi	ity wages 25092.	99	4 Social security tax withheld						
5 <b>M</b> e	edicare was	ges and tips 25092.		6 Medicare tax withheld 363.8						
7 So	cial securi	ty tips		8 Allocated tips						
9				10	Depe	nde	ent ca	are	benefits	
11 No	nqualified	plans		128	See in		uction	s fo	32.64	
14 Ot	her		-	12	)	Π			02101	
		25.54 SDI		120	•					
	-	20,04 001		120		Π				
				13	Stat er	np.	Ret.	lan	3rd party sick pa	
15 Sta	ete Employ	yer's state	D no.	16	State	w	ages,	tip	s, etc.	

Wages, tips, other comp 25092.99 2151.91 Social security wages 25092.99 Social security tax withheld 1555.77 Medicare wages and tips 25092.99 Medicare tax withheld 363.85

1715.41

CA 391-4652 7

d Control number Dept Corp. Employer use only 121804 L0S2/K57 811500 1069 Employer's name, address, and ZIP code

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

D	95 - 4376145	XXX-XX-4924					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a	See C	instruc	tions		ox 12 .64
14	Other	12b					
	225.54 SDI	12c					
		12d					
		138	tat em	p. Ret. p	an 3r	d party	sick pay
-4	Employee's name address ar	4 7	D	4.	_		

**DIVYA PALANICHAMY ESPERANZA** 12211 **IRVINE CA 92618** 

15 State Employer's state ID no. CA 391 - 4652 7 16 State wages, tips, etc. 25092.99 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 Incor

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay Plus GTL (C-Box 12) Reported W-2 Wages	25,060.35 32.64 <b>25,092.99</b>	25,060.35 32.64	25,060.35 32.64	25,060.35 32.64
neported W-2 Wages	25,092.99	25,092.99	25,092.99	25,092.99

2. Employee Name and Address.

DIVYA PALANICHAMY **ESPERANZA** 12211 **IRVINE CA 92618** 

C 2023 ADP, Inc.

1 Wages, tips, other comp. 25092.99			2 Federal income tax withheld 2151.91		
3 Social security wages 25092.99		4 Social security tax withheld 1555.77			
5	Medicare wages and tips 25092.99		6 Medicare tax withheld 363.85		
d	Control number	Dept.	Corp.	Employer use only	
12	21804 LOS2/K57	811500		T 1069	
c Employer's name, address, and ZIP code					

Fold and Detach Here

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

b	Employer's FED ID number 95 - 4376145	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C   32.64
14	Other	12b
	225.54 CA SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address	and ZIP code

DIVYA PALANICHAMY **ESPERANZA** 12211 **IRVINE CA 92618** 

15 State Employer's state ID no. 16 State wages, tips, etc. 25092.99 17 State income tax 18 Local wages, tips, etc. 1715.41 19 Local income tax 20 Locality name

CA.State Reference Copy Wage and Tax Z Statement

1	Wages, tips, other 250	comp. 192.99	2	Feder	al incon	ne tax withheld 2151.91	
3	Social security was	urity wages 25092.99			Social security tax withheld 1555.77		
5	Medicare wages an 250	d tips 92.99	6	6 Medicare tax withheld 363.85			
d	Control number	Dept		Corp.	Em	oloyer use only	
12	1804 LOS2/K57	811500			Т	1069	
С	Employer's name, a	ddress. ar	nd 7	7IP cod	•		

SKECHERS U S A INC 228 MANHATTAN BEACH BL MANHATTAN BEACH CA 90266

b	Employer's FED ID number 95-4376145	a Employ	/ee's SS/ KXX - X	A number X - 4924
7	Social security tips	8 Allocat	ed tips	
9		10 Depend	lent care	benefits
11	Nonqualified plans	12a C		32.64
14	Other	12b		
	225.54 CA SDI	12c		
		12d		
		13 Stat em	Ret plan	3rd party elck pa
e/f	Employee's name, address a	nd 7IP code		

**DIVYA PALANICHAMY** 

**ESPERANZA** 12211

IRVINE CA 92618				
15 State Employer's state ID no. CA 391 - 4652 7	16 State wages, tips, etc. 25092.99			
17 State income tax 1715.41	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

CA.State Filing Copy Wage and Tax Statement