



**W-2** Wage and Tax Statement **2023**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number: 000150 RN/8WF  
 Dept.: Dept. Corp.: Corp. Employer use only: **A**

**c** Employer's name, address, and ZIP code:  
**ZUVEN TECHNOLOGIES INC**  
 2222 W SPRING CREEK PKWY 102  
 PLANO, TX 75023

Batch #91334

**e/f** Employee's name, address, and ZIP code:  
**SINDUSHRUTHA GUNDAMARAJU**  
 3505 SAWTOOTH LANE  
 LITTLE ELM, TX 75068

**b** Employer's FED ID number: 26-4137101  
**a** Employee's SSA number: XXX-XX-7897

<b>1</b> Wages, tips, other comp. <b>25652.17</b>	<b>2</b> Federal income tax withheld <b>2184.75</b>
<b>3</b> Social security wages <b>25652.17</b>	<b>4</b> Social security tax withheld <b>1590.43</b>
<b>5</b> Medicare wages and tips <b>25652.17</b>	<b>6</b> Medicare tax withheld <b>371.96</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> 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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	25,652.17	25,652.17	25,652.17
Reported W-2 Wages	25,652.17	25,652.17	25,652.17

2. Employee Name and Address.

**SINDUSHRUTHA GUNDAMARAJU**  
 3505 SAWTOOTH LANE  
 LITTLE ELM, TX 75068

© 2023 ADP, Inc.

**W-2** Wage and Tax Statement **2023**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**d** Control number: 000150 RN/8WF  
 Dept.: Dept. Corp.: Corp. Employer use only: **A**

**c** Employer's name, address, and ZIP code:  
**ZUVEN TECHNOLOGIES INC**  
 2222 W SPRING CREEK PKWY 102  
 PLANO, TX 75023

**b** Employer's FED ID number: 26-4137101  
**a** Employee's SSA number: XXX-XX-7897

<b>1</b> Wages, tips, other comp. <b>25652.17</b>	<b>2</b> Federal income tax withheld <b>2184.75</b>
<b>3</b> Social security wages <b>25652.17</b>	<b>4</b> Social security tax withheld <b>1590.43</b>
<b>5</b> Medicare wages and tips <b>25652.17</b>	<b>6</b> Medicare tax withheld <b>371.96</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

**e/f** Employee's name, address and ZIP code:  
**SINDUSHRUTHA GUNDAMARAJU**  
 3505 SAWTOOTH LANE  
 LITTLE ELM, TX 75068

**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**d** Control number: 000150 RN/8WF  
 Dept.: Dept. Corp.: Corp. Employer use only: **A**

**c** Employer's name, address, and ZIP code:  
**ZUVEN TECHNOLOGIES INC**  
 2222 W SPRING CREEK PKWY 102  
 PLANO, TX 75023

**b** Employer's FED ID number: 26-4137101  
**a** Employee's SSA number: XXX-XX-7897

<b>1</b> Wages, tips, other comp. <b>25652.17</b>	<b>2</b> Federal income tax withheld <b>2184.75</b>
<b>3</b> Social security wages <b>25652.17</b>	<b>4</b> Social security tax withheld <b>1590.43</b>
<b>5</b> Medicare wages and tips <b>25652.17</b>	<b>6</b> Medicare tax withheld <b>371.96</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

**e/f** Employee's name, address and ZIP code:  
**SINDUSHRUTHA GUNDAMARAJU**  
 3505 SAWTOOTH LANE  
 LITTLE ELM, TX 75068

**W-2** Wage and Tax Statement **2023**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

**d** Control number: 000150 RN/8WF  
 Dept.: Dept. Corp.: Corp. Employer use only: **A**

**c** Employer's name, address, and ZIP code:  
**ZUVEN TECHNOLOGIES INC**  
 2222 W SPRING CREEK PKWY 102  
 PLANO, TX 75023

**b** Employer's FED ID number: 26-4137101  
**a** Employee's SSA number: XXX-XX-7897

<b>1</b> Wages, tips, other comp. <b>25652.17</b>	<b>2</b> Federal income tax withheld <b>2184.75</b>
<b>3</b> Social security wages <b>25652.17</b>	<b>4</b> Social security tax withheld <b>1590.43</b>
<b>5</b> Medicare wages and tips <b>25652.17</b>	<b>6</b> Medicare tax withheld <b>371.96</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

**e/f** Employee's name, address and ZIP code:  
**SINDUSHRUTHA GUNDAMARAJU**  
 3505 SAWTOOTH LANE  
 LITTLE ELM, TX 75068