## 2023 W-2 and EARNINGS SUMMARY



Employee Reference
W-2 Wage and Tax
Statement
Copy C for employee's records.
d Control number
000183 R4/HAY
Copy C for employee srecords.
Dept. Corp. Employer use only

Employer's name, address, and ZIP code
WISE EQUATION SOLUTIONS
INC
3000 POLAR LANE
SUITE 903
CEDAR PARK, TX 78613

EDAR PARK, 1X /8613

Batch #91566

e/f Employee's name, address, and ZIP code
AVINASH KUMAR RED PASUNOORI
275 OAK CREEK DRIVE

WHEELING, IL 60090

**	пссь	iivo,	IL 00	JUBU						
b	Emplo	yer's FED 20-5726		ber	а	Emplo		e's SSA		
1	Wages	, tips, other	er com	p.	2	Feder	al	income	tax wi	thheld
		9	1814	.83					1245	9.77
3	Social	security v	vages		4	Socia	١s	security	tax wit	hheld
		9	1814	.83					569	2.52
5	Medica	are wages			6	Medic	are	e tax wit	hheld	
		9	1814	.83					133	31.32
7	Social	security ti	ips		8	Alloca	ite	d tips		
9					10	Depen	de	nt care	benefit	ts
11	Nonqu	alified plar	าร		12	See in	str	uctionsfo	r box 12	2
11	Other				12					
14	Other				120					
					120		<u>_</u>			
					13	Stat er	np.	Ret. plan	3rd par	ty sick pay
15	State	Employer's	s state	ID no.	16	State	wa	ages, tip	s, etc.	
ı	L	20-5726	509	000					3259	8.83
17	State i	ncome tax			18	Local	w	ages, tip	s, etc.	
			<u> 1613.</u>	.66						
19	Local	income tax	(		20	Locali	ity	name		

1 Wages, tips, other comp. 91814.83 2 Federal income tax withheld 12459.77
3 Social security wages 91814.83 4 Social security tax withheld 5692.52
5 Medicare wages and tips 91814.83 6 Medicare tax withheld 1331.32
d Control number Dept. Corp. Employer use only A

Employer's name, address, and ZIP code
WISE EQUATION SOLUTIONS
INC

3000 POLAR LANE SUITE 903 CEDAR PARK, TX 78613

b	Employer's FED ID number 20-5726509	a Employee's SSA number XXX-XX-1133			
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 ar	nd ZIP code			

AVINASH KUMAR RED PASUNOORI 275 OAK CREEK DRIVE 203

WHEELING, IL 60090

	<u>*</u>	
15 State	Employer's state ID no. <b>20-5726509 000</b>	16 State wages, tips, etc. 32598.83
17 State	income tax 1613.66	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. 1545-0008

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	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	94,121.83	94,121.83	94,121.83	33,385.83
Less Other Cafe 125	2,307.00	2,307.00	2,307.00	787.00
Reported W-2 Wages	91,814.83	91,814.83	91,814.83	32,598.83

2. Employee Name and Address.

## AVINASH KUMAR RED PASUNOORI 275 OAK CREEK DRIVE 203 WHEELING, IL 60090

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Wages, tips, other comp. 91814.83	2 Federal income tax withheld 12459.77
3 Social security wages 91814.83	4 Social security tax withheld 5692.52
5 Medicare wages and tips 91814.83	6 Medicare tax withheld 1331.32
d Control number Dept.	Corp. Employer use only
000183 R4/HAY	A
c Employer's name, address, a	and ZIP code
WISE EQUATION INC	
3000 POLAR L SUITE 903	ANE
CEDAR PARK,	TY 78613
CLDAN FARK,	17 10013
b Employer's FED ID number 20-5726509	a Employee's SSA number XXX-XX-1133
7 Social security tips	8 Allocated tips
<u></u>	40 Danas dant banafi
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
14 Other	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address a	and ZIP code
AVINASH KUMAR RI	ED PASUNOORI
275 OAK CREEK DR	RIVE
203	
WHEELING, IL 60090	
15 State   Employer's state ID no 20-5726509 000	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
II State De	forence Conv
IL.State Re	
W-2 Wage a	
Copy 2 to be filed with employee's State	OMB No. 1545-0008
Copy 2 to be med with employee Sold	to moonie rax return.

1 Wages, tips, other comp. 91814.83		2 Federal income tax withheld 12459.77			
3 Social security wag 918	es 14.83	4 Social	security 1	tax withheld 5692.52	
5 Medicare wages an 918	d tips 14.83	6 Medica	are tax wit	thheld 1331.32	
d Control number	Dept.	Corp.	Employ	yer use only	
000183 R4/HAY			Α		
c Employer's name, a	address, a	nd ZIP cod	le		
3000 POL SUITE 90: CEDAR P	-		13		
b Employer's FED ID 20-572650			yee's SSA XXX-XX		
7 Social security tips		8 Alloca	ted tips		
9			dent care	benefits	
9 11 Nonqualified plans			dent care	benefits	
		10 Depend	dent care	benefits	
11 Nonqualified plans		10 Depend	dent care	benefits	
11 Nonqualified plans		10 Depend	dent care	benefits	
11 Nonqualified plans		10 Depend 12a 12b 12c 12d			
11 Nonqualified plans	address ar	10 Depend 12a 12b 12c 12d 13 Statem	np. Ret. plan		
11 Nonqualified plans 14 Other		10 Depend 12a 12b 12c 12d 13 Statem	np. Ret. plan e	3rd party sick pa	
11 Nonqualified plans 14 Other  e/f Employee's name, a	AR RE	10 Depended 12a 12b 12c 12d 13 Statement 2IP codd	np. Ret. plan e	3rd party sick pa	
11 Nonqualified plans 14 Other  e/f Employee's name, a	AR RE	10 Depended 12a 12b 12c 12d 13 Statement 2IP codd	np. Ret. plan e	3rd party sick pa	
11 Nonqualified plans 14 Other  e/f Employee's name, a AVINASH KUM/ 275 OAK CREE	AR RE	10 Depended 12a 12b 12c 12d 13 Statement 2IP codd	np. Ret. plan e	3rd party sick pa	
11 Nonqualified plans 14 Other  e/f Employee's name, a AVINASH KUM/ 275 OAK CREE	AR REK DRI	12a   12b   12c   12d   13 Statem d ZIP cod	e BUNOOF	3rd party sick pa	
e/f Employee's name, AVINASH KUM/275 OAK CREE 203 WHEELING, IL  15 State Employer's s 20-572650 17 State income tax	AR REK DRI	10 Depended 12a 12b 12c 12d 13 State of D PAS VE	e BUNOOF	3rd party sick pa RI s, etc. 32598.83	

Wage and Tax

Statement

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