



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

**d** Control number 000006 Dept. KC/69W Corp. A Employer use only 6

**c** Employer's name, address, and ZIP code  
**COMPLIVORKS LLC**  
 5490 MCGINNIS VILLAGE PL  
 STE 229  
 ALPHARETTA, GA 30005  
 Batch #90984

**e/f** Employee's name, address, and ZIP code  
**ADARSHA PURI**  
 11101 W AIRPORT BLVD  
 2306  
 STAFFORD, TX 77477

**b** Employer's FED ID number 87-4369952 **a** Employee's SSA number XXX-XX-4913

**1** Wages, tips, other comp. 17360.00 **2** Federal income tax withheld 1884.32

**3** Social security wages **4** Social security tax withheld

**5** Medicare wages and tips **6** Medicare tax withheld

**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

**15** State MN Employer's state ID no. 8533038 **16** State wages, tips, etc. 5600.00

**17** State income tax 266.12 **18** Local wages, tips, etc.

**19** 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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	17,360.00	17,360.00	17,360.00	5,600.00
Reported W-2 Wages	17,360.00	0.00	0.00	5,600.00

2. Employee Name and Address.

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