## 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 000108 K7/USU Employer's name, address, and ZIP code

LOGGING-IN COM LLC 38345 WEST 10 MILE RD

STE 250 **FARMINGTON** HILLS, MI 48335

Batch #90718

e/f Employee's name, address, and ZIP code JUAN CARLOS MEDINA MONTOYA 1030 DELTA BLVD

ATLANTA, GA 30354-1989

Employer's FED ID number a Employee's SSA numb 35-2411135 XXX-XX-3560 Wages, tips, other comp Federal income tax withheld 46010.14 3016.25 Social security wages Social security tax withheld 46010.14 2852.63 Medicare wages and tips 6 Medicare tax withheld 46010.14 667.15 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. 3419426-BK 460 46010.14 17 State income tax 8 Local wages, tips, etc. 2404.09 19 Local income tax 20 Locality name

Wages, tips, other cor 46010.14 3016.25 Social security wages 46010.14 Social security tax withheld 2852.63 Medicare wages and tips 46010.14 667.15 Control number Dept. Employer use only 000108 K7/USU 29 Employer's name, address, and ZIP code

LOGGING-IN COM LLC 38345 WEST 10 MILE RD STE 250 **FARMINGTON** HILLS, MI 48335

b	Employer's FED ID number 35-2411135	a Employee's SSA number XXX-XX-3560
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

JUAN CARLOS MEDINA MONTOYA 1030 DELTA BLVD

ATLANTA, GA 30354-1989

15	State <b>GA</b>	Employer's state ID no. 3419426-BK	16 State wages, tips, etc. 46010.14
17	State	income tax 2404.09	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fil	ina 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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	46,832.00	46,832.00	46,832.00	46,832.00
Less Other Cafe 125	821.86	821.86	821.86	821.86
Reported W-2 Wages	46,010.14	46,010.14	46,010.14	46,010.14

2. Employee Name and Address.

## JUAN CARLOS MEDINA MONTOYA 1030 DELTA BLVD ATLANTA, GA 30354-1989

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1 Wages, tips, other comp. 46010.14	2 Federal income tax withheld 3016.25	1 Wages, tips, other comp. 46010.14	2 Federal income ta
3 Social security wages 46010.14	4 Social security tax withheld 2852.63	3 Social security wages 46010.14	4 Social security ta
5 Medicare wages and tips 46010.14	6 Medicare tax withheld 667.15	5 Medicare wages and tips 46010.14	6 Medicare tax with
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employe
000108 K7/USU	A 29	000108 K7/USU	A
c Employer's name, address, ar	nd ZIP code	c Employer's name, address,	and ZIP code
LOGGING-IN CO	M LLC	LOGGING-IN CO	OM LLC
	MILE RD		0 MILE RD
STE 250 FARMINGTON H	ILLS, MI 48335	STE 250 FARMINGTON	HILLS, MI 4833
b Employer's FED ID number 35-2411135  7 Social security tips	a Employee's SSA number  XXX-XX-3560  8 Allocated tips	b Employer's FED ID number 35-2411135 7 Social security tips	a Employee's SSA   XXX-XX-
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9	10 Dependent care benefits	9	10 Dependent care b
11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b
	12c		12c
	12d		12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3
e/f Employee's name, address an	d ZIP code	e/f Employee's name, address a	and ZIP code
JUAN CARLOS MEDIN 1030 DELTA BLVD ATLANTA, GA 30354-1		JUAN CARLOS MEDI 1030 DELTA BLVD ATLANTA, GA 30354	
15 State Employer's state ID no. 3419426-BK	16 State wages, tips, etc. 46010.14	15 State Employer's state ID no GA 3419426-BK	o. 16 State wages, tips,
17 State income tax 2404.09	18 Local wages, tips, etc.	17 State income tax 2404.09	18 Local wages, tips
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
GA.State Re	eference Copy	GA.State F	iling Copy
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Statement

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

1	Wages, tips, other comp. 46010.14	2 Federal income tax withheld 3016.25
3	Social security wages 46010.14	4 Social security tax withheld 2852.63
5	Medicare wages and tips 46010.14	6 Medicare tax withheld 667.15
d	Control number Dept.	Corp. Employer use only
00	0108 K7/USU	A 29
С	Employer's name, address, a	and ZIP code
		HILLS, MI 48335
b	Employer's FED ID number 35-2411135	a Employee's SSA number XXX-XX-3560
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d

15 State GA 3419426-BK Employer's state ID no. 16 State wages, tips, etc. 46010.14 17 State income tax 18 Local wages, tips, etc.

2404.09 19 Local income tax 20 Locality name

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

GA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.