# 2023 W-2 and EARNINGS SUMMARY

2 Federal income tax withheld

4 Social security tax withheld 4512.36

Medicare tax withheld 1055.31

a Employee's SSA number XXX-XX-2954

13 Stat emp Ret. plan 3rd party sick pay

Allocated tips 10 Dependent care benefits

10206.96

Employer use only

**Employee** Reference Copy Wage and Tax Statement Copy C for employee's records Control number Employer use only Corp. K7/L4C

Employer's name, address, and ZIP code
SELECT MINDS LLC
39111 SIX MILE ROAD STE 113 LIVONIA, MI 48152

Batch #91266

e/f Employee's name, address, and ZIP code NAGA VENKATA RAVI THATAVARTHI 1509 RIVENDELL WAY **EDISON, NJ 08817** 

b	Emplo	yer's FED ID number 82-5482200	а	Emp			A number <b>(-2954</b>
1	Wage	s, tips, other comp.	2	Fede	ral	income	tax withheld
		72780.00		10206.96			
3	Socia	security wages	4	Soci	al s	security	tax withheld
		72780.00					4512.36
5	Medic	are wages and tips	6	Medi	caı	re tax wi	thheld
		72780.00					1055.31
7	Social	security tips	8	8 Allocated tips			
9			10	Depe	nde	ent care	benefits
11	Nonqu	ualified plans	12a See instructions for box 12				
11	Other		12		Ι		
14	Other	30.52 FLI	12	C			
		174.68UI/WF/SWF	12		1		
		15.33 SU <b>I</b>	13	Stat e	mp.	Ret.plan	3rd party sick pay
15	State	Employer's state ID n	o. 16	State	w	ages, tip	s, etc.
ı	1J	825-482-200/000					72780.00
17	State	income tax	18	3 Loca	w	ages, tip	s, etc.
		2401.62					21900.00
19 Local income tax 753.36			20	20 Locality name PHILADEL			

1	Wages, tips, other of 727	omp 80.00	2 Federa	al income tax withheld 10206.96	
3	Social security wag 727	es 80.00	4 Social security tax withheld 4512.36		
5	Medicare wages and 727	tips 80.00	6 Medicare tax withheld 1055.31		
d	Control number	Dept.	Corp.	Employer use only	
00	00008 K7/L4C				

Employer's name, address, and ZIP code

SELECT MINDS LLC 39111 SIX MILE ROAD STE 113 LIVONIA, MI 48152

b Employer's FED ID number 82-5482200	a Employee's SSA number XXX-XX-2954								
7 Social security tips	8 Allocated tips								
9	10 Dependent care benefits								
11 Nonqualified plans	12a See instructions for box 12								
14 Other	12b								
30.52 FLI	12c								
174.68UI/WF/SWF	12d								
15.33 SUI	13 Stat emp. Ret. plan 3rd party sick pay								
e/f Employee's name, address and ZIP code									

NAGA VENKATA RAVI THATAVARTHI

1509 RIVENDELL WAY

**EDISON, NJ 08817** 

15 State NJ	Employer's state ID no. 825-482-200/000	16 State wages, tips, etc. 72780.00
17 State	income tax 2401.62	18 Local wages, tips, etc. 21900.00
19 Local	l income tax 753₌36	20 Locality name PHILADEL
	Federal Fili	ng Copy

and Statement OMB Copy B to be filed with employee's Federal Income Tax Retur

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	Social Security	Medicare	NJ. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Reported W-2 Wages	72,780.00	72,780.00	72,780.00	72,780.00
	<b>72,780.00</b>	<b>72,780.00</b>	<b>72,780.00</b>	<b>72,780.00</b>

2. Employee Name and Address.

NAGA VENKATA RAVI THATAVARTHI 1509 RIVENDELL WAY **EDISON, NJ 08817** 

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1	Wages, tips, other o	omp. 80.00	2 Federa	al income tax withheld 10206.96	
3	Social security wag	es 80.00	4 Social security tax withheld 4512.36		
5	Medicare wages an 727	d tips 80.00	6 Medicare tax withheld 1055.31		
d	Control number	Dept.	Corp.	Employer use only	
იი	0008 K7/L4C				

c Employer's name, address, and ZIP code

SELECT MINDS LLC 39111 SIX MILE ROAD STE 113 LIVONIA, MI 48152

b	Employer's FED ID number 82-5482200	a Employee's SSA number XXX-XX-2954					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
	30.52 FLI	12c					
	174.68UI/WF/SWF	12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
e/f	Employee's name, address a	and ZIP code					

NAGA VENKATA RAVI THATAVARTHI

1509 RIVENDELL WAY EDISON, NJ 08817

15 State	Employer's state ID no. 825-482-200/000	16 State wages, tips, etc. 72780.00
17 State	income tax 2401.62	18 Local wages, tips, etc.
19 Loca	Income tax	20 Locality name
	NJ State Ref	erence Copy

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

Wages, tips, other comp.

Social security wages 72780.00

Medicare wages and tips 72780.00

K7/L4C

Employer's FED ID number 82-5482200

30.52 FLI 174.68UI/WF/SWF

e/f Employee's name, address and ZIP code

NAGA VENKATA RAVI THATAVARTHI

Social security tips

11 Nonqualified plans

1509 RIVENDELL WAY

**EDISON, NJ 08817** 

14 Other

Control number

800000

72780.00

Employer's name, address, and ZIP code

SELECT MINDS LLC

39111 SIX MILE ROAD STE 113 LIVONIA, MI 48152

12a 12b

12c

12d

15 State NJ Employer's state ID no. 16 State wages, tips, etc. 72780.00 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Filing Copy

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

City or Local Reference Copy Wage and Tax Statement OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.
d Control number Dept. Corp. Employer use only K7/L4C

c Employer's name, address, and ZIP code
SELECT MINDS LLC
39111 SIX MILE ROAD STE 113
LIVONIA, MI 48152

Batch #91266

e/f Employee's name, address, and ZIP code NAGA VENKATA RAVI THATAVARTHI 1509 RIVENDELL WAY EDISON, NJ 08817

b   Employer's FED ID number   32-5482200   1   Wages, tips, other comp.   72780.00   1   2   Federal income tax withheld   10206.96   3   Social security wages   72780.00   4   Social security tax withheld   4512.36   6   Medicare tax withheld   1055.31   7   Social security tips   8   Allocated tips   9   10   Dependent care benefits   11   Nonqualified plans   12a   See instructions for box 12   12c     12d   13   Stat emp   Ret. plan   3rd party sick pay   15   State   Employer's state ID no.   16   State wages, tips, etc.   21900.00   19   Local income tax   753.36   20   Locality name   PHILADEL   11   120   120   13   14   15   15   15   15   15   15   15								
T2780.00	b		82-5482200		Empl			
3   Social security wages   72780.00   4   Social security tax withheld   4512.36     5   Medicare wages and tips   72780.00   6   Medicare tax withheld   1055.31     7   Social security tips   8   Allocated tips     9     10   Dependent care benefits     11   Nonqualified plans   12a   See instructions for box 12       12b             12c             12d               12d                 12d                   12d                     12s                       12s                           15   State   Employer's state ID no.   16   State wages, tips, etc.     17   State   Income tax   18   Local wages, tips, etc.     19   Local income tax   20   Locality name	1	Wage	s, tips, other comp	2	Feder	ra	income	tax withheld
72780.00   4512.36			72780.00	10206.96				
5   Medicare wages and tips   72780.00   8   Allocated tips   9   10   Dependent care benefits     11   Nonqualified plans   12a   See instructions for box 12	3	Socia		4	Socia	al s	security	
72780.00   1055.31     7   Social security tips   8   Allocated tips     9     10   Dependent care benefits     11   Nonqualified plans   12a See instructions for box 12     12b             12c               12d                 12d                 12d                   13   State                               15   State   Employer's state ID no.   16   State wages, tips, etc.     17   State                                   18                                     19	_	Madia		-	Madia	_		
10 Dependent care benefits   11 Nonqualified plans	5	weard						
12a See instructions for box 12	7	Social	security tips	8	Alloc	ate	ed tips	
14 Other	9			10	Depe	nd	ent care	benefits
14 Other	11	Nonq	ualified plans	12a See instructions for box 12				
15.33 SUI	14	Other						
12d     13 State emp   Ret. plan   3rd party sick pay   15 State   Employer's state ID no.   16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   21900.00   19 Local income tax   20 Locality name	'	Othici						
15   State   Employer's state ID no.   16   State wages, tips, etc.			10.55 001					
PA         17 State income tax         18 Local wages, tips, etc. 21900.00           19 Local income tax         20 Locality name				13	Stat er	np.	Ret.plan	3rd party sick pay
21900.00 19 Local income tax 20 Locality name			Employer's state ID no	16	State	w	ages, tip	s, etc.
				18	Local	w	ages, tip	
/53.36 PHILADEL				20 Locality name				
			753.36		PHILADEL			

1	Wages, tips, other of 727	omp. 80.00	2	Federa	I income tax withheld 10206.96
3	Social security wag 727	es 80.00	4	Social	security tax withheld 4512.36
5	Medicare wages and 727	tips 80.00	6	Medica	are tax withheld 1055.31
d	Control number	Dept.		Corp.	Employer use only
00	0008 K7/L4C				

c Employer's name, address, and ZIP code

SELECT MINDS LLC 39111 SIX MILE ROAD STE 113 LIVONIA, MI 48152

b	Employer's FED ID number 82-5482200	a Employee's SSA number XXX-XX-2954							
7	Social security tips	8 Allocated tips							
9		10 Dependent care benefits							
11	Nonqualified plans	12a See instructions for box 12							
14	Other	12b							
	15.33 SUI	12c							
		12d							
		13 Stat emp Ret. plan 3rd party sick pay							
e/1	e/f Employee's name, address and ZIP code								

NAGA VENKATA RAVI THATAVARTHI

1509 RIVENDELL WAY **EDISON, NJ 08817** 

15 State PA	Emplo	yer's state I	D no.	16 State	e wages, tips, etc	
17 State	income	tax		18 <b>Loc</b> a	al wages, tips, etc	00.00
40.1				001		00100
19 Local	income			20 Loca	ality name	
		753.3	66		PHILADEL	
	City	or Loca	ıl F	iling	Сору	
14/	2	Wage	an	d Ta	x ana	2

Statement
Copy 2 to be filed with employee's City or Local 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.

**PHILADEL** Local Wages, Tips, Etc. Box 18 of W-2

21,900.00 21,900.00

Gross Pay Reported W-2 Wages

2. Employee Name and Address.

NAGA VENKATA RAVI THATAVARTHI 1509 RIVENDELL WAY **EDISON, NJ 08817** 

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### Instructions for Employee

- Box 1. Enter this amount on the wages line of your tax return.
- Box 2. Enter this amount on the federal income tax withheld line of your tax return
- **Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.
- Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- **Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7 0.00

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

 $\mbox{K}{=}20\%$  excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

 $N\!\!-\!\!$  Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

 $V\!-\!$  Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

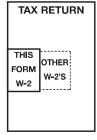
Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution.

For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC that is more than your tax liability is refunded to you, but

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

only if you file a tax return.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only.

The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service