

Form **W-2** Wage and Tax Statement

2023

OMB No. 1545-0008

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

c Employer's name, address, and ZIP code PAYDAY BENEFITS IV LLC 3051 W MAPLE LOOP DR. STE 101 LEHI, UT 84043		1 Wages, tips, other compensation 6313.38		2 Federal income tax withheld							
		7 Social security tips		3 Social security wages 6313.38		4 Social security tax withheld 391.43					
e Employee's name, address, and ZIP code PAVITHRA MANI #513, MODA BONNEVILLE, 260 S 500 E SALT LAKE CITY, UT 84102		8 Allocated tips		5 Medicare wages and tips 6313.38		6 Medicare tax withheld 91.54					
		9. Verification code		10 Dependent care benefits		11 Nonqualified plans					
f State UT 12901882003WTH Employer's state I.D. number		12a See instructions for box 12		12b		12c					
		12d		13 Statutory emp <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other					
		b Employer's identification number 32-0378957		a Employee's social security number 726-92-9870		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.					
15 State		16 State wages, tips, etc. 6313.38		17 State income tax 156.44		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	