

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 <b>6313.38</b>		2 Federal income tax withheld	
		7 Social security tips		3 Social security wages <b>6313.38</b>	
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 <b>6313.38</b>	
		9. Verification code		10 Dependent care benefits	
		12a See instructions for box 12		12b	
15 State Employer's state I.D. number <b>UT 12901882003WTH</b>		12d		13 Statutory emp <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		b Employer's identification number <b>32-0378957</b>		a Employee's social security number <b>726-92-9870</b>	
		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.			
16 State wages, tips, etc. <b>6313.38</b>		17 State income tax <b>156.44</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name			