

Employee Reference Copy
W-2 Wage and Tax Statement 2023
OMB No. 1545-0008

Copy C for employer's records

d Control number 060952 NCN3/95Z	Dept NO2072	Corp.	Employer use only A 1544
c Employer's name, address, and ZIP code 921917AAAA SDH EDUCATION WEST LLC P.O. BOX 17033 AUGUSTA GA 30903			
Batch #02419			
e/f Employee's name, address, and ZIP code SRINIVASA RAO GANTA 279 MANNING BLVD ALBANY NY 12206-1441			
b Employer's FED ID number 52-2282038	a Employee's SSA number XXX-XX-8868		
1 Wages, tips, other comp. 2996.41	2 Federal income tax withheld 72.90		
3 Social security wages 3026.70	4 Social security tax withheld 187.66		
5 Medicare wages and tips 3026.70	6 Medicare tax withheld 43.89		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 30.29		
14 Other 5.64 SDI 13.77 NY PFL	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15 State NY	Employer's state ID no. 52-2282038	16 State wages, tips, etc. 2996.41	
17 State income tax 73.64		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	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	3,026.70	3,026.70	3,026.70	3,026.70
Less 401(k) (D-Box 12)	30.29	N/A	N/A	30.29
Reported W-2 Wages	2,996.41	3,026.70	3,026.70	2,996.41

2. Employee Name and Address.

SRINIVASA RAO GANTA
 279 MANNING BLVD
 ALBANY NY 12206-1441

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Fold and Detach Here

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