2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's reci 166531 ATLA/BX7

Dept Corp. 400

Employer use only

Employer's name, address, and ZIP code **PYRAMID CONSULTING INC**

3060 KIMBALL BRG RD#200 ALPHARETTA GA 30022

Batch #06326

e/f Employee's name, address, and ZIP code KARUNANITHI SHANMUGAM 14497 RISING STAR **BLVD**

| RISC | O TX | 75033 | | | | | |
|-------|--|---|---|--------------------------|---------------------------------------|---|--------------------------|
| Emplo | | | a | Emp | | | A number X-4704 |
| Wage | s, tips, ot | her comp. | 2 | Fede | | | |
| | | 8400.00 | | | | | 1252.64 |
| Socia | l security | wages | 4 | Soci | al : | security | tax withheld |
| | | 8400.00 | | | | | 520.80 |
| Medic | care wages and tips | | 6 | Medi | ca | re tax w | ithheld |
| | | | 121.80 | | | | |
| Socia | security | tips | 8 | Alloc | ate | ed tips | |
| | | | 10 | Depe | nd | ent care | benefits |
| Nonq | ualified pl | ans | 12 | a See i | nsti | ructions fo | or box 12 |
| Δ¥ | | | 12 | b | i | | |
| Otner | | | 12 | c | 1 | | |
| | | | | | 1 | | |
| | | | 13 | Stat e | mp. | Ret. plan | 3rd party sick pay |
| State | Employe | r's state ID no | 16 | State | w | ages, tip | s, etc. |
| State | income ta | x | 18 | Loca | l w | ages, tip | os, etc. |
| Local | income ta | ıx . | 20 | Loca | litu | / name | |
| | Emplo Wage Socia Medic Socia Nonqu Other | Employer's FEI 58-215 Wages, tips, ot Social security Medicare wage Social security Nonqualified pl. Other State Employer's X State income ta | Social security wages 8400.00 Medicare wages and tips 8400.00 Social security tips Nonqualified plans Other State Employer's state ID no. | Employer's FED ID number | Employer's FED ID number S8-2191055 | Employer's FED ID number S8-2191055 2 Federa S400.00 Social security wages 8400.00 Medicare wages and tips 8400.00 Social security tips 8 Allocate Allocate Social security tips 8 Allocate Social security tips 10 Depend 12a Sec institute 12b 12c 12d 13 Statemp State Employer's state ID no. State Employer's state ID no. State State income tax 18 Local was State State income tax 18 Local was State State | Employer's FED ID number |

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** TX. State Wages, Wages Box 5 of W-2 Compensation Box 1 of W-2 Wages Box 3 of W-2 Box 16 of W-2 **Gross Pay** 8,400.00 8,400.00 8,400.00 Reported W-2 Wages 8,400.00 8,400.00 8,400.00

2. Employee Name and Address.

KARUNANITHI SHANMUGAM 14497 RISING STAR BLVD FRISCO TX 75033

2 Federal income tax withheld

Social security tax withheld 520.80

1252.64

Fold and Detach Here

8400.00

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Wages, tips, other comp.

Social security wages 8400.00

| 1 Wages, tips, other comp. 8400.00 3 Social security wages 8400.00 5 Medicare wages and tips 8400.00 | | | 2 Federal income tax withheld 1252.64 | | | | |
|--|--|--|--|--|--|---------|---------------------------------|
| | | | 4 Social security tax withheld 520.80 6 Medicare tax withheld 121.80 | | | | |
| | | | | | | d 16 | Control number 6531 ATLA/BX7 |

yer's name, address, and ZIP code

PYRAMID CONSULTING INC 3060 KIMBALL BRG RD#200 ALPHARETTA GA 30022

| b | Employer's FED ID number 58-2191055 | a Employee's SSA number XXX-XX-4704 |
|-----|--|---|
| 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/i | Employee's name, address a | nd ZIP code |
| K | ARUNANITHI SHAN | IMUGAM |

14497 RISING STAR **BLVD**

FRISCO TX 75033

| 15 State TX | 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 |
| \A/ | Federal Fi | |

| 8400 | | | | 520.80 | |
|---|----------|-----------------------------------|--------------|--------------------|--|
| 5 Medicare wages and tips 8400.00 | | 6 Medicare tax withheld 121.80 | | | |
| d Control number | Dept | Corp. | Empl | oyer use only | |
| 166531 ATLA/BX7 | 400 | | T | 3333 | |
| c Employer's name, add | ress, ar | nd ZIP co | de | | |
| PYRAMID C 3060 KIMBA ALPHARET | ALL | BRG | RD#20 | | |
| b Employer's FED ID nu 58-2191055 | mber | a Emple | | A number X-4704 | |
| 7 Social security tips | | 8 Alloc | ated tips | | |
| 9 | | 10 Depe | ndent care | benefits | |
| 11 Nonqualified plans | | 12a | | | |
| 14 Other | | 12b | | | |
| | Ī | 12c | | | |
| | Ī | 12d | | | |
| | Ī | 13 Stat em | p. Ret. plan | 3rd party sick pa | |
| e/f Employee's name, add | ress an | d ZIP co | de | | |
| KARUNANITHI SH 14497 RISING ST BLVD FRISCO TX 7503 | AR AR | | | | |
| 15 State Employer's state | ID no. | 16 State | wages, tip | os, etc. | |
| 17 State income tax | | 18 Local | wages, ti | os, etc. | |
| 19 Local income tax | | 20 Local | ity name | | |
| TX.State | | feren | | ру | |

| 1 | Wages, tips, other co 840 | omp. 0.00 | 2 | Federa | l income | tax withheld 1252.64 |
|----|--------------------------------------|--------------|----|---------|----------------------------|-------------------------|
| 3 | Social security wage 840 | s 0.00 | 4 | Social | security | tax withheld 520.80 |
| 5 | 5 Medicare wages and tips 8400.00 | | | Medica | are tax withheld 121.80 | |
| d | Control number | Dept. | Г | Corp. | Emp | loyer use only |
| 16 | 6531 ATLA/BX7 | 400 | | | T | 3333 |
| c | Employer's name, ad | dress, a | nd | ZIP cod | e | |

PYRAMID CONSULTING INC 3060 KIMBALL BRG RD#200 ALPHARETTA GA 30022

| b | Employer's FED ID number 58-2191055 | a Employee's SSA number XXX-XX-4704 | | | | |
|-----|-------------------------------------|---|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a | | | | |
| 14 | Other | 12b | | | | |
| | | 12c | | | | |
| | | 12d | | | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | | | |
| e/f | Employee's name, address a | nd ZIP code | | | | |

KARUNANITHI SHANMUGAM 14497 RISING STAR **BLVD** FRISCO TX 75033

| 15 State TX | 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 |

TX.State Filing Copy