## 2023 W-2 and EARNINGS SUMMARY



Employee Reference Co
Wage and Tax
Statement
Copy C for employee's records.
d Control number Dept. Corp. Empl

2023 OMB No. 1545-0008 Employer use only

02304 CLIF/HWJ			T
Employer's name, a	address, a	nd ZIP cod	le

INRIKA INC

3759 US 1 SUITE #103

MONMOUTH JUNCTION NJ 08852-3094

Batch #02101

e/f Employee's name, address, and ZIP code KRUSHI DEVENDRA DAMANIA 4004 TWIN OAKS COURT SOUTH BRUNSWICK TOWNSH NJ 08852

b	Emplo	yer's FED ID number	а	Emp	loy	ee's SS/	A number
		47-1172566		XXX-XX-9125			-9125
1	Wages	s, tips, other comp.	2 Federal income tax withh			tax withheld	
		20931.20					2054.98
3	Social	security wages	4 Social security tax withheld				tax withheld
5	Medic	are wages and tips	6 Medicare tax withheld				
7	Social	security tips	8 Allocated tips				
9				Depe	nde	nt care	benefits
11 Nonqualified plans			12	a See i	nsti	ructionsfo	r box 12
11	Other		12	b			
14	Other	88.96 UI/WF/SWF	12	С	Т		
		12 56 FI I	12	d	Т		
			13	Stat e	mp	Ret. plan	3rd party sick pa
15	State	Employer's state ID no	16	State	w	ages, tip	s, etc.
NJ 471172566/000							20931.20
17 State income tax			18	Loca	w	ages, tip	s, etc.
		728.50					
19	Local	ocal income tax			lity	name	

1 Wages, tips, other comp. 20931.20
2 Federal income tax withheld 2054.98
3 Social security wages 
4 Social security tax withheld
5 Medicare wages and tips 
6 Medicare tax withheld

d Control number 
202304 CLIF/HWJ 
C Employer's name, address, and ZIP code 
INRIKA INC 
3759 US 1 SUITE #103

MONMOUTH JUNCTION NJ 08852-3094

b	Employer's FED ID number 47-1172566	a Employee's SSA number XXX-XX-9125					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
	88.96 UI/WF/SWF	12c					
	12.56 FLI	12d					
		13 Stat emp Ret. plan 3rd party sick pay					
e/f	e/f Employee's name, address and ZIP code						

KRUSHI DEVENDRA DAMANIA 4004 TWIN OAKS COURT SOUTH BRUNSWICK TOWNSH NJ 08852

- 1			
1	5 State	Employer's state ID no.	16 State wages, tips, etc. 20931.20
	NJ	471172566/000	20931.20
1	7 State	income tax	18 Local wages, tips, etc.
		728.50	
1	9 Local	income tax	20 Locality name
		Endoral Eili	na Conv

Wage and Tax 2023

Statement
Copy B to be filed with employee's Federal 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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	20,931.20	20,931.20	20,931.20	20,931.20
Less Exempt Wages	N/A	20,931.20	20,931.20	N/A
Reported W-2 Wages	20,931.20	0.00	0.00	20,931.20

2. Employee Name and Address.

KRUSHI DEVENDRA DAMANIA 4004 TWIN OAKS COURT SOUTH BRUNSWICK TOWNSH NJ 08852

2 Federal income tax withheld

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Wages, tips, other comp.

1 Wages, tips, other con 20931		2 Federal income tax withheld 2054.98				
3 Social security wages		4 Social security tax withheld				
5 Medicare wages and t	ips	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Employer use only			
202304 CLIF/HWJ			т 35			
INRIKA INC 3759 US 1 SUIT MONMOUTH JI			8852-3094			
b Employer's FED ID nu 47–1172566		a Emplo	yee's SSA number XXX-XX-9125			
7 Social security tips		8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified plans		<b>12</b> a	 			
14 Other		12b				
88.96 UI/WF	/SWF	12c				
12.56 FLI		12d				
		13 Stat em	p Ret. plan 3rd party sick pay			
eff Employee's name, add KRUSHI DEVENDRA D 4004 TWIN OAKS COU SOUTH BRUNSWICK	AMANI RT	A				
15 State Employer's state 471172566/0			20931.20			
17 State income tax 728	3.50	18 Local wages, tips, etc.				
19 Local income tax		20 Local	•			
	ge ar	nd Ta:	× <b>2023</b>			

1	1 Wages, tips, other comp.		2	Federa	income tax	withheld
	209:	31.20	2054.			054.98
3	Social security wage	es	4	Social	security tax	withhe <b>l</b> d
5	Medicare wages and	d tips	6 Medicare tax withheld			ld
d	Control number	Dept.		Corp.	Employer	use only
20	02304 CLIF/HWJ				T	35
С	Employer's name, a	ddress, ar	nd 2	ZIP cod	е	
	INRIKA INC					

c Employer's name, address, and ZIP code
INRIKA INC
3759 US 1 SUITE #103
MONMOUTH JUNCTION NJ 08852-3094

Employer's FED ID number 47-1172566	a Employee's SSA number XXX-XX-9125				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
Nonqualified plans	12a				
Other	12b				
88.96 UI/WF/SWF	12c				
12.56 FLI	12d				
	13 Stat emp Ret. plan 3rd party sick pay				
	47-1172566 Social security tips  Nonqualified plans  Other  88.96 UIWF/SWF				

e/f Employee's name, address and ZIP code
KRUSHI DEVENDRA DAMANIA
4004 TWIN OAKS COURT
SOUTH BRUNSWICK TOWNSH NJ 08852

15		Employer's		<b>no.</b> 16	State	wages,	
N.	J	47117256	6/000				20931.20
17	State	income tax		18	Local	wages,	tips, etc.
			728.50				
19	Local	income tax		20	Local	ity nam	е
1				i i			

NJ.State Filing Copy

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

Tax 2023