| W-2 Employee Ref Wage a Statem | | | |
|---|--|--|--|
| Copy C for employee'srecords. d Control number Dept. 000134 RE/RE7 Dept. | Corp. Employer use only A 12 | | |
| c Employer's name, address, a PETADIGIT 4080 MCGINNIS SUITE 1207 ALPHARETTA, | FERRY RD | | |
| eff Employee's name, address, a RAMAKRISHNA MUNI 425 AVERY WAY APT 10203 KNOXVILLE, TN 3792 | DRU | | |
| b Employer's FED ID number 45-2715486 | a Employee's SSA number XXX-XX-5964 | | |
| 1 Wages, tips, other comp. 91468.16 | ² Federal income tax withheld 12538.73 | | |
| ³ Social security wages 91468.16 | 4 Social security tax withheld 5671.03 | | |
| 5 Medicare wages and tips 91468.16 | 6 Medicare tax withheld 1326.29 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 DD 875.39 | | |
| 14 Other | 12b | | |
| | 12C | | |
| | 13 Stat emp. Ret. plan 3rd party sick pa | | |
| 15 State 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 | | |

2023 W-2 and EARNINGS SUMMARY



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 |
|---------------------|--|--|-----------------------------------|
| Gross Pay | 97,452.24 | 97,452.24 | 97,452.24 |
| Less Other Cafe 125 | 5,984.08 | 5,984.08 | 5,984.08 |
| Reported W-2 Wages | 91,468.16 | 91,468.16 | 91,468.16 |

2. Employee Name and Address.

RAMAKRISHNA MUNDRU 425 AVERY WAY APT 10203 KNOXVILLE, TN 37922-4446

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| 1 Wages, tips, other comp. 91468.16 | 2 Federal income tax withheld 12538.73 | 1 Wages, tips, other comp. 91468.16 | 2 Federal income tax withheld 12538.73 | 1 Wages, tips, other comp. 91468.16 | 2 Federal income tax withheld 12538.73 |
|---|--|---|---|---|---|
| 3 Social security wages 91468.16 | 4 Social security tax withheld 5671.03 | 3 Social security wages 91468.16 | 4 Social security tax withheld 5671.03 | ³ Social security wages 91468.16 | 4 Social security tax withheld 5671.03 |
| 5 Medicare wages and tips 91468.16 | 6 Medicare tax withheld 1326.29 | 5 Medicare wages and tips 91468.16 | 6 Medicare tax withheld 1326.29 | 5 Medicare wages and tips 91468.16 | 6 Medicare tax withheld 1326.29 |
| d Control number Dept. | Corp. Employer use only | d Control number Dept. | Corp. Employer use only | d Control number Dept. | Corp. Employer use only |
| 000134 RE/RE7 | A 12 | 000134 RE/RE7 | A 12 | 000134 RE/RE7 | A 12 |
| c Employer's name, address, | and ZIP code | c Employer's name, address, | and ZIP code | c Employer's name, address, | and ZIP code |
| PETADIGIT 4080 MCGINNIS SUITE 1207 | FERRY RD | PETADIGIT 4080 MCGINNIS SUITE 1207 | FERRY RD | PETADIGIT 4080 MCGINNIS SUITE 1207 | |
| ALPHARETTA, | GA 30005 | ALPHARETTA, | GA 30005 | ALPHARETTA, | GA 30005 |
| b Employer's FED ID number 45-2715486 | a Employee's SSA number XXX-XX-5964 | b Employer's FED ID number 45-2715486 | a Employee's SSA number XXX-XX-5964 | b Employer's FED ID number 45-2715486 | a Employee's SSA number XXX-XX-5964 |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 DD 875.39 | 11 Nonqualified plans | DD 875.39 | 11 Nonqualified plans | DD 875.39 |
| 14 Other | 12b | 14 Other | 12b | 14 Other | 12b |
| | 12c | | 12c | | 12c |
| | 12d | | 12d | | 12d |
| 13 Stat emp. Ret. plan 3rd party | 13 Stat emp Ret. plan 3rd party sick pay | | 13 Stat emp. Ret. plan 3rd party sick pay | | 13 Stat emp. Ret. plan 3rd party sick pa |
| e/f Employee's name, address a | Ind ZIP code | e/f Employee's name, address a | and ZIP code | e/f Employee's name, address | and ZIP code |
| RAMAKRISHNA MUN 425 AVERY WAY APT 10203 KNOXVILLE, TN 3792 | | RAMAKRISHNA MUN 425 AVERY WAY APT 10203 KNOXVILLE, TN 3792 | | RAMAKRISHNA MUN 425 AVERY WAY APT 10203 KNOXVILLE, TN 3792 | - |
| 15 State Employer's state ID no | D. 16 State wages, tips, etc. | 15 State Employer's state ID no. 16 State wages, tips, etc. | | 15 State Employer's state ID no. 16 State wages, tips, etc. | |
| 17 State income tax | 18 Local wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name | 19 Local income tax | 20 Locality name | 19 Local income tax | 20 Locality name |
| Federal F | iling Copy | State Ref | erence Copy | City or Local | Reference Copy |
| W-2 Wage a Staten Copy B to be filed with employee's F | and Tax 2023 | W-2 Wage a Statemer Copy 2 to be filed with employee's State | and Tax 2023 | W-2 Wage a Staten Copy 2 to be filed with employee's City | and Tax 2023 |