Employee Ref				
VV-Z Statem				
Copy C for employee'srecords.				
d Control number Dept. 000068 RO/36P	Corp. Employer use only			
c Employer's name, address, a				
US ELECTRONIC 900 COLORADO				
	MN 55416			
WIINNEAF OLIS,	MIN 55410			
	Batch #91572			
e/f Employee's name, address, a	and ZIP code			
POOJITHA KAMI REI				
693 E ROYAL IN				
APT 2116				
IRVING, TX 75039 b Employer's FED ID number	a Employee's SSA number			
41-1788452	XXX-XX-4002			
1 Wages, tips, other comp.	² Federal income tax withheld			
27426.00	3453.88			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
	12a See instructions for box 12			
11 Nonqualified plans				
14 Other	12b			
	12c 12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
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	Social Security	Medicare
	Compensation	Wages	Wages
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay Reported W-2 Wages	27,426.00	27,426.00	27,426.00
	27,426.00	0.00	0.00

2. Employee Name and Address.

POOJITHA KAMI REDDY 693 E ROYAL IN APT 2116 IRVING, TX 75039

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1 Wages, tips, other comp. 27426.00	2 Federal income tax withheld 3453.88	1 Wages, tips, other comp. 27426.00	2 Federal income tax withheld 3453.88	1 Wages, tips, other comp. 27426.00	2 Federal income tax withheld 3453.88
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips 6 Medicare tax withheld		5 Medicare wages and tips 6 Medicare tax withheld	
d Control number Dept. 000068 R0/36P Dept.	Corp. Employer use only A	d Control number Dept. 000068 RO/36P Dept.	Corp. Employer use only A	d Control number Dept. 000068 RO/36P	Corp. Employer use only A
c Employer's name, address, a	and ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	and ZIP code
US ELECTRONICS INC 900 COLORADO AVE S MINNEAPOLIS, MN 55416 US ELECTRONICS INC 900 COLORADO AVE S MINNEAPOLIS, MN 55416 MINNEAPOLIS, MN 55416		US ELECTRONICS INC 900 COLORADO AVE S MINNEAPOLIS, MN 55416			
b Employer's FED ID number 41-1788452 7 Social security tips	a Employee's SSA number XXX-XX-4002 8 Allocated tips	b Employer's FED ID number 41-1788452 7 Social security tips	a Employee's SSA number XXX-XX-4002 8 Allocated tips	b Employer's FED ID number 41-1788452 7 Social security tips	a Employee's SSA number XXX-XX-4002 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	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		12c		12c
	12d		12d		12d
	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	nd ZIP code	e/f Employee's name, address and ZIP code		e/f Employee's name, address a	and ZIP code
POOJITHA KAMI REI	DDY	POOJITHA KAMI REE	YDC	POOJITHA KAMI REDDY	
693 E ROYAL IN			693 E ROYAL IN		
APT 2116		APT 2116		APT 2116	
IRVING, TX 75039		IRVING, TX 75039		IRVING, TX 75039	
15 State Employer's state ID no	. 16 State wages, tips, etc.	15 State Employer's state ID no	. 16 State wages, tips, etc.	15 State Employer's state ID no	D. 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 Fi	ling Copy	State Refe	erence Copy	City or Local	Reference Copy
W-2 Wage a Statem	nd Tax 2023	W-2 Wage a Statemen Copy 2 to be filed with employee's State	nt OMB No 1545-0008	W-2 Wage a Statem Copy 2 to be filed with employee's City	