

MANAGER, MERRIFIELD P&D
8409 LEE HWY
MERRIFIELD VA 22081-9991



Exemption from withholding: Employees claiming "exempt" from withholding during the year must complete a new Form W-4 each year to keep their "exempt" status. Please contact HRSSC for details.

Notice: If an employee has earnings for more than one state or locality, a separate W-2 is issued for each.

This information is being furnished to the Internal Revenue Service.

Finance Number: 51-6541

If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.



CHANDRAVEEN R GOLLA
4050 LAAR CT
FAIRFAX VA 22033-3252

Source of reported wages

The Wages and Other Compensation amount reported in Box 1 of Form W-2 is derived from year-to-date totals reflected on the employee's Pay Period 26-2023 (or last period in pay status 2023) Earnings Statement, plus several other totals from the Form W-2. Use the Reconciliation Formula below to reconcile your Earnings Statement with your W-2. If any checks issued during 2023 were returned or canceled after the last Earnings Statement was printed, this reconciliation is not applicable.

Earnings Statement (YTD)	Reconciliation Formula
Gross 5,287.93	Gross Pay (YTD) .00
Social Security Tax 327.85	- FSA Contributions .00
Medicare Tax 76.67	- Thrift Savings Plan (tax deferred) .00
Fed Tax 3.74	- Relocation Excludable .00
HB Pretax .00	- Pretax HB HSA FEDVIP .00
State Income Tax 208.28	- Pretax Commuter Program .00
State Other Tax .00	+ Taxable Vehicle .00
Thrift Savings Plan .00	+ Imputed Income-Life Insurance .00
FSA .00	+ Miscellaneous .00
Commuter .00	+ Relocation Gross .00
FEDVIP .00	+ Locality Pay LEAP AUO GeoPay .00
HSA .00	+ Deferred Comp Distribution .00
Local Tax .00	
	= Wages, tips, other comp Box 1 5,287.93

FOR EMPLOYMENT VERIFICATION
CALL 1-800-367-5690

Visit the IRS website at
www.irs.gov/efile



a Employee's social security number XXX-XX-9652	b Employer identification number 41-0760000
c Employer's name, address, and ZIP code United States Postal Service Eagan Accounting Service Center 2825 Lone Oak Parkway Eagan MN 55121-9617	
d Control number 230070186496	
e Employee's first name and initial CHANDRAVEEN R GOLLA 4050 LAAR CT FAIRFAX VA 22033-3252	Last name GOLLA Suff.
f Employee's address and ZIP code	
1 Wages, tips, other compensation 5,287.93	2 Federal income tax withheld 3.74
3 Social security wages 5,287.93	4 Social security tax withheld 327.85
5 Medicare wages and tips 5,287.93	6 Medicare tax withheld 76.67
7 Social security tips NONE	8 Allocated tips NONE
9	10 Dependent care benefits NONE
11 Nonqualified plans NONE	12a See instructions for box 12
13 Statutory Retirement employee plan Third-party sick pay	12b
14 Other	12c
	12d
15 State Employer's state ID no. VA 30410760000F001	16 State wages, tips, etc. 5,287.93
17 State income tax 208.28	18 Local wages, tips, etc. NONE
19 Local income tax NONE	20 Locality name NONE
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	
Copy C - For EMPLOYEE'S RECORDS OMB No. 1545-0000	

a Employee's social security number XXX-XX-9652	b Employer identification number 41-0760000
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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	
Copy B - To Be Filed With Employee's FEDERAL Tax Return OMB No. 1545-0008	

a Employee's social security number XXX-XX-9652	b Employer identification number 41-0760000
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19 Local income tax NONE	20 Locality name NONE
Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	
Copy 1 - For State, City, or Local Tax Department OMB No. 1545-0008	

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Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service	
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008	