					Federal Box 1	Soc. Sec.	Box 3 & 7	Medicare Box	2
			6		164472.20	4644	72.20	464472.2	•
To the right is information was and the amount of	which shows your total wages f any deferred compensation a	by and/or	Gross Wages		164172.30		72.30	164172.3	
other pretax deductions the	at were subtracted from total		Txbl Benefits		2884.91		84.91	2884.9	
wages to arrive at your W-	2 wages.		Group Term Life		276.90	2	76.90	276.9	0
General instructions for the	ese forms, including an explan	nation	Adoption						
of the letter codes used in			Deferred Comp		(11001.96)				
separate document.			Section 125		(4642.98)		2.98)	(4642.98	5)
			Other Pretax/Wa	ge Limit		(249	1.13)		
			W-2 Wages		151689.17	1602	00.00	162691.1	3
Employee's social security number	b Employer identification number (EIN	N)	d Control number						
154-89-0066	36-2440683	23.	004309687301					OM	B No. 1545-0008
Employer's name, address, and ZIP co	de			1 Wages, tips, of	her compensatio	n 2 F i89.17	ederal incom	e tax withheld	13831.75
Schneider Electric USA, Inc									13031./3
1111 PASQUINELLI DRIVE				3 Social security			ocial security	tax withheld	
SUITE 100 Westmont IL 60559-1224					1602	00.00			9932.40
				5 Medicare wage	s and tips	6.0	Medicare tax v	vithheld	
	■TOTAL STREET		,,		1626	91.13			2359.02
Employee's first name and initial	Last name	Su	π.	7 Social security	tips	8.4	Allocated tips		
Jeyagopi 6700 Tower Circle Suite 700	Thiyagarajan								
Two Franklin Park				9		10	Dependent ca	are benefits	
Franklin TN 37067									
USA				11 Nonqualified	plans	12	See instru	ctions for box 12	
Employee's address and ZIP code				,,			de C	I	276.90
	T -			Statutony	Retirement Third	10000	5/27//		
State Employer's state ID Number	16 State wages, tips, etc.	17 State i	ncome tax	13 Statutory employee	plan sick		de D	1	11001.96
F 29		 -		-	X	12	04.90		
		I				_	de W	1	2300.00
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Local wages, tips, etc.	19 Local income tax	20 Localit	ty name	14 Other		12	d		
orm W-2 Wage and Tax Statemen		20 Localii	2023	This		Departm furnished to the In	d de DD ent of the Tr ternal Revenue S	Service. If you are req	22492.32 al Revenue Servic uired to file a tax return, le and you fail to report
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Home - Dayforce

SUITE	100		160200.00				9932.40		
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						10 Dependent care benefits			
					11 Nonqualified plans		12a See instructions for box 12		
f Employee	s address and ZIP code					Code C	l	276.90	
15 State	Employer's state ID Number	O Number 16 State wages, tips, etc. 17 State income tax		13 Statutory Retirement Third-party employee plan sick Pay		12b Code D	I	11001.96	
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18 Local wages, tips, etc.		19 Local income tax	20 Locality name	14 Other		12d Code DD	ı	22492.32	

Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

2023

Department of the Treasury - Internal Revenue Service