2023 W-2 and EARNINGS SUMMARY



Employee	Refe	erence	Сору		
WW = J	Stateme	nd Tax nt	2023 OMB No. 1545-0008		
d Control number	Dept.	Corp.	Employer use only		
101504 SANF/YRE	209		Т		
Employer's name, address, and ZIP code					

ACTIAN CORPORATION 330 POTRERO AVENUE SUNNYVALE CA 94085-3353

Batch #02572

e/f Employee's name, address, and ZIP code

SAYALI DALVI 24C SMITH STREET **BOSTON MA 02120**

b	Employer's FED ID number 20-3162700	a Employee's SSA number XXX-XX-1041
1	Wages, tips, other comp.	2 Federal income tax withheld
	32417.16	3100.44
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
11	Nonqualified plans	12a See instructions for box 12 C 17.16
14	Other	12b
	103.03 MAPFML	
		12d
		13 Stat emp Ret. plan 3rd party sick pa
15	State Employer's state ID no	o. 16 State wages, tips, etc.
	MA WTH10493977-00	
17	State income tax	18 Local wages, tips, etc.
	1620.00	
19	Local income tax	20 Locality name

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	MA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	32,400.00	32,400.00	32,400.00	32,400.00
Plus GTL (C-Box 12)	17.16	17.16	17.16	17.16
Less Exempt Wages Reported W-2 Wages	N/A	32,417.16	32,417.16	N/A
	32,417.16	0.00	0.00	32,417.16

2. Employee Name and Address.

SAYALI DALVI 24C SMITH STREET BOSTON MA 02120

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1 Wages, tips, other comp. 32417.16			2	Federa	l income tax withheld 3100.44
3 Social security wages			4	Social	security tax withheld
5 Medicare wages and tips			6	Medica	are tax withheld
d Control number Dept.			Corp.	Employer use only	
101504 SANF/YRE 209				T	
c Employer's name, address, and ZIP code					

ACTIAN CORPORATION 330 POTRERO AVENUE SUNNYVALE CA 94085-3353

b	Employer's FED ID number 20-3162700	a Emplo	oyee's SS XXX-X	A number X-1041	
7	Social security tips	8 Alloca	ated tips		
9		10 Deper	ndent care	benefits	
11	Nonqualified plans	12a See C	instructio	ns for box 12 17.16	
14	Other	12b			
	103.03 MAPFML	12c			
		12d			
		13 Stat em	p. Ret. plan	3rd party sick pay	
e/i	e/f Employee's name, address and ZIP code				

15 State	Employer's state ID no WTH10493977-00	16 State wages, tips, etc. 32417.16	
17 State income tax 1620.00		18 Local wages, tips, etc.	
19 Local	l income tax	20 Locality name	
	Federal Fil	ing Copy	
14/	■ Wade all	nd Tax AAAA	

	SAYA 24C S BOST	SAYALI 24C SN BOSTO		
ľ		Employer's state ID no. WTH10493977-005	16 State wages, tips, etc. 32417.16	15 State E
	17 State	income tax 1620.00	18 Local wages, tips, etc.	17 State in
	19 Local	income tax	20 Locality name	19 Local in
ſ		Federal Fili	ng Copy	
	W-	Wage an Statemen Statemen with employee's Fee	nt 2U25	W-2

1 Wages, tips, other of 324	omp. 17.16	2 Federa	al income tax withheld 3100.44
3 Social security wag	es	4 Social	security tax withheld
5 Medicare wages an	d tips	6 Medica	are tax withheld
d Control number	Dept.	Corp.	Employer use only
101504 SANF/YRE 209			Т
c Employer's name, a	ddress, a	nd ZIP cod	e

ACTIAN CORPORATION 330 POTRERO AVENUE SUNNYVALE CA 94085-3353

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7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C 17.16
14	Other	12b
	103.03 MAPEML	12c
	100.00 W/ (1 W/L	12d
		13 Stat emp. Ret. plan 3rd party sick par
	Employoo's name address	<u> </u>

e/f Employee's name, address and ZIP code SAYALI DALVI

MITH STREET N MA 02120

ВОЗТ	ON WA 02120	
15 State MA	Employer's state ID no. WTH10493977-005	16 State wages, tips, etc. 32417.16
17 State	income tax	18 Local wages, tips, etc.
	1620.00	
19 Loca	I income tax	20 Locality name
	MA.State Re	ference Copy
W-2 Wage an		nd Tax 2023
	Statement engloyee's State	OMB No. 1545-0008 Income Tax Return.

1	1 Wages, tips, other comp. 32417.16			2	Federa	al income tax withheld 3100.44
3	3 Social security wages			4	Social	security tax withheld
5	5 Medicare wages and tips			6	Medica	are tax withheld
d	d Control number Dept.			Corp.	Employer use only	
10	101504 SANF/YRE 209				T	
С	c Employer's name, address, and				ZIP cod	le

ACTIAN CORPORATION 330 POTRERO AVENUE SUNNYVALE CA 94085-3353

b	Employer's FED ID number 20-3162700	a Employee's SSA number XXX-XX-1041
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e/f Employee's name, address and ZIP code

SAYALI DALVI 24C SMITH STREET **BOSTON MA 02120**

15 State	Employer's state ID no. WTH10493977-005	16	State wages, tips, etc.
MA	WTH10493977-005		32417.16
17 State	income tax	18	Local wages, tips, etc.
	1620.00		
19 Local	income tax	20	Locality name
	MA.State Fili	ng	Copy
		•	. ,

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