2023 W-2 and Earnings Summary

	-			Statement
Copy C - For EMPLOY	YEE'	S RECO		5053
This information is being furnished to the B	RS. #	you are requi	ed .	CMB No. 1545-0008 activent of Treasury
to file a tax return, a negligence penulty or impossed on you if this income is taxable at	nd you	tal to report	E Sent	mai Revenue Service
Control 02762 URE	K	0004	12	
Employer's name, address, and ZIP code				
COPPELL MONTES 136 FITNESS CT COPPELL TX 750				EMY LLC
UREKHA N JAYA				D##001
7304 PARKRIDO IRVING TX 700			U A	PT#001
5031.5				10.23 ne tax withheld
. rrages, ups, outer comp.	-	2 Federa	incor	
5031.53 3 Social security wages	- 1	4 Social	secur	311.95 ity tax withheld
5031.5	_			72.96
5 Medicare wages and tips	-	6 Medicare tax withh		
7 Social security tips	\rightarrow	8 Allocated tips		
9		10 Deper	ndent	care benefits
11 Nonqualified plans		12a	T	
	-	12b	1	
13 Statutory Retirement Third-party amplityee plan sick pay	,	12c	10	
in the second		12d	300	
Employee's social security no 876-89-9932	0.	14		7
Employer ID number (EIN) 76-0791090				
15 St. Employer's state 10 number	16 s	itate wages.	ips, etc.	17 State income to
18 Local wages, Sps. etc.	191	ocal income	ta.	20 Localty name

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Less: Excess Wages Total Reported Wages	\$5,031.52 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A \$5,031.52	\$5,031.52 \$0.00 N/A \$0.00 \$0.00 \$0.00 \$5,031.52	\$5,031.52 \$0.00 N/A \$0.00 \$0.00 N/A \$5,031.52
	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	\$10.23	\$311.95	\$72.96

UREKHA N JAYAGOPAL 7304 PARKRIDGE BLVD APT#00 IRVING, TX 70063

Wage and Tax Statement

UREK 00042

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

2023

Form W-2 Copy B — To Be Filed Employee's FEDERAL Tax The information is being furnished to the	With	1	Dec	Statement 2023 OMS No. 1545 0008
control 02762 URE	K	000	42	
Employer's name, address, and ZP code				
COPPELL MONTE: 136 FITNESS C' COPPELL TX 75	Т			EMY LLC
UREKHA N JAY 7304 PARKRID IRVING TX 70	AG GE	BLV		PT#001
5031.5	52			10.23
1 Wages, tips, other comp		2 Federal income tax withheld		
5031.5	52	CIT	-	311.95
3 Social security wages		4 Socia	secur	ity tax withheld
5031.5		6 Madie	are to	72.96 x withheld
5 Medicare wages and tip 7 Social security tips	9	8 Alloca		
/ Bocial security tips				
9		10 Depe	ndent	care benefits
11 Nongualified plans	r'ent	12a	T	
		12b		
13 Standary Retirement Third-pa employee plan sick pay	ny	12c		
	1	12d	D L	
Employee's social security 876-89-9932		14	1000	
Employer ID number (EIN) 76-0791090		E.		
15 St Employer's state ID number	16	State wages.	ica esc.	17 State income tax
				ASSESSED TO A STATE OF THE PARTY OF THE PART

COPPELL MONTE 136 FITNESS C COPPELL TX 75		ORI ACADEMY LLC 9-7943			
UREKHA N JAY 7304 PARKRID IRVING TX 70	AG	BLVD	APT#001		
5031.5 1 Wages, tips, other comp		10.23 2 Federal income tax withheld			
5031.5 3 Social security wages	52	311.95 4 Social security tax withhele			
5031.5 5 Medicare wages and tip		72.96 6 Medicare tax withheld			
7 Social security tips		8 Allocated tips			
9		10 Depender	nt care benefits		
11 Nonqualified plans		12a			
13 Statutory Retirement Third can sick pay	~	12c			
Employee's social security in 876-89-9932		14			
Employer ID number (EIN) 76-0791090					
15 St Employers state ID number	16	State wages, tips, etc. 17 State inco			
18 Local wages, lips, etc.	19	Local income tax	20 Locality name		
	-	-			

Form W-2

2 02762

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return.

d Tax Stat	ge and	Wag	orm W-2
ē	th	d With	opy 2 - To Be Filed
OMB N			mployee's State, City,
Department Internal Re-			ncome Tax Return.
142	000	REK	02762 UR
	-	pode	robyer's name, address, and ZIP co
		CT	COPPELL MONTE 136 FITNESS COPPELL TX 75
D APT	E BL	YAG DGE	JREKHA N JAN 7304 PARKRII RVING TX 70
10.23 2 Federal income tax withheld			5031. Wages, tips, other com
31	-	_	5031.
	4 Soci		Social security wages
4 Social security tax withheld 72.96 6 Medicare tax withheld			5031. Medicare wages and ti
Allocated tips			Social security tips
endent care b	10 Dep		
4	12a	Section 1	Nonqualified plans
	12b		Tronqualifed plants
	12c	party	Statutory Retrement Third pa employee plan sick pay
	12d	.,	employee plan sick play
	14		mployee's social security 876-89-9932
	1	1)	mployer ID number (EIN)
			76-0791090
tips, etc. 17 Star	State wages)	