## 2023 W-2 and EARNINGS SUMMARY

OH. State Wages,

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Dept Corp. d Control number Employer use only KU/M9Q 000027 Α

Employer's name, address, and ZIP code METIZ TECHNOLOGIES LLC 9501 TARTAN RIDGE CT **DUBLIN, OH 43017 8929** 

Batch #90827

e/f Employee's name, address, and ZIP code RATODYASINH PARMAR 3701 KETTERING COURT **APT 101** 

FAIRBORN, OH 45324 b Employer's FED ID number Employee's SSA number 87-4634369 XXX-XX-5119 Wages, tips, other comp. 2 Federal income tax withheld 2000.00 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 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-205814 4 2000.00 17 State income tax l8 Local wages, tips, etc.

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

Compensation Wages Wages Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2 **Gross Pay** 2,000.00 2,000.00 2,000.00 2,000.00 Reported W-2 Wages 2,000.00 0.00 0.00 2,000.00

Social Security

Medicare

2. Employee Name and Address.

RATODYASINH PARMAR **3701 KETTERING COURT APT 101** FAIRBORN, OH 45324

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▼

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1 Wages, tips, other comp. 2000.00		2 Federal income tax withheld			
3 Social security wages		4 Social security tax withheld			
5 Medicare wages and tips		6 Medicare tax withheld			
d Control number Dept.		Corp.	Employ	er use only	
000027 KU/M9Q			Α	25	
c Employer's name, a	ddress,		le		

20 Locality name

METIZ TECHNOLOGIES LLC 9501 TARTAN RIDGE CT DUBLIN, OH 43017 8929

35.02

19 Local income tax

b	Employer's FED ID number 87-4634369	a Employee's SSA number XXX-XX-5119		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		
e/	f Employee's name, address ar	nd ZIP code		

RATODYASINH PARMAR 3701 KETTERING COURT **APT 101** FAIRBORN, OH 45324

15 State OH	Employer's state ID no. 54-205814 4	16 State wages, tips, etc. 2000.00
17 State	income tax 35.02	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

Wages, tips, other comp. 2000.00		2 Federal income tax withheld			
Social security wages		4 Social security tax withheld			
Medicare wages and tips		6 Medicare tax withheld			
d Control number	Dept.	Corp.	Emple	yer use	only
000027 KU/M9Q			Α		25
c Employer's name, a	ddress, aı	nd ZIP cod	le		
9501 TARTAN RIDGE CT DUBLIN, OH 43017 8929					
b Employer's FED ID 87-463436		a Employee's SSA number XXX-XX-5119			
7 Social security tips		8 Allocated tips			
9		10 Deper	dent care	benefi	ts
11 Nonqualified plans		12a			
14 Other		12b			
		12c			
		12d			
		13 Stat em	. Ret. plan	3rd part	y sick pay
e/f Employee's name, address and ZIP code					
<b>RATODYASINH</b>	PARM	IAR			
3701 KETTERING COURT					
APT 101					
FAIRRORN OH 45324					

15 State | Employer's state ID no. | 16 State wages, tips, etc. | 2000.00

**OH.State Reference Copy** 

Wage and Tax

Copy 2 to be filed with employee's State Income Tax Return.

35.02

2 Statement

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

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1 Wages, tips, other comp. 2000.00	2 Federal income tax withheld			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number Dept	Corp. Employer use only A 25			
c Employer's name, address,				
METIZ TECHNO 9501 TARTAN DUBLIN, OH 4	RIDGE CT			
b Employer's FED ID number 87 - 4634369	a Employee's SSA number XXX-XX-5119			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	13 Stat emp. Ret. plan 3rd party sick p			
e/f Employee's name, address	and ZIP code			
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15 State Employer's state ID n OH 54-205814 4	. 16 State wages, tips, etc. 2000.00			
17 State income tax 35.02	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
M-2 Wage	ment ZUZJ			