2023 W-2 and EARNINGS SUMMARY

	Employe	e Ref	ere	nce	,	Сору			
\ \/	Mage and Tax 2023								
AA.	VV - Stateme					OMB N	Io 1	545-0008	,
	employee's reco			orn	_				,
		Dept.		orp.				use only	,
	6007 7A1 er's name, a	4082		HE		<u> </u>	Ρ_	115	
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	/ LA VETA								
APT #		A • L • • •	_						
		2866							
ORANGE, CA 92866 b Employer's FED ID number a Employer					21/	ee's SS	A 10	umbor	
95-1643992				IIIpi		XXX-X			
1 Wages, tips, other comp.			2 F	eder	al			withheld	Ī
25362.08					_			7.11	
3 Social s	security wages	S	4 5	ocia	IS	ecurity 1	ax v	withheld	
5 Medica	re wages and	tins	6 1	/ledic	ar	e tax wi	hhe	ald	
o incuiou	ic wages and	po	٠.	nounc	, ui	c tax w		u	
7 Social s	security tips		8 4	Alloca	ate	d tips			
9			10	Don		dont o	0 h -	nofito	
			10	рере	#T10	dent car	e DE	enents	
11 Nonqu	alified plans		12a	See i	ns	truction	s fo	r box 12	_
14 Other			12b						
		12c		L				_	
	1		12d	-4		D-41	la		
			13 St	at em	p.	Ket, plan	3rd	party sick	pay
15 State	Employer's s	tate ID no.	16	State	e v	vages, ti	ps,	etc.	
CA	910-0429	1	L			25	36	2.08	
17 State income tax			18 Local wages, tips, etc.						
10 00=1		4.50	20. Locality name						
19 Local	19 Local income tax			20 Locality name					

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information file a new W-4 with your payroll department.

> > Social Security Number: XXX-XX-9603

SNEHA ANNA ALEXANDER **401 W LA VETA AVENUE APT #133 ORANGE, CA 92866**

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PAGE 1 OF 1

1 Wages, tips, other comp. 25362.08		2 Federa	2 Federal income tax withheld 2877.11			
3 Social security wages		4 Social security tax withheld				
5 Medicare wages and tips		6 Medica	6 Medicare tax withheld			
d Control number	Dept.	Corp.	Employer use only			
0000006007 7A1	4082	DJHE	ACP 115			
c Employer's name, address, and ZIP code						
CHAPMAN UNIVERSITY 1 UNIVERSITY DR ORANGE, CA 92866-1005						

С	Employer's name, address, and ZIP
	CHAPMAN UNIVERSITY
	1 UNIVERSITY DR
	ORANGE, CA 92866-1005

b Employer's FED ID number 95-1643992	a Employee's SSA number XXX-XX-9603			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b			
79.84 CA SDI	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address	and ZIP code			

SNEHA ANNA ALEXANDER **401 W LA VETA AVENUE APT #133** ORANGE, CA 92866

15 State	Employer's state ID no.	16	State wages, tips, etc.
CA	910-0429 1		25362.08
17 State	17 State income tax		Local wages, tips, etc.
	494.50		
19 Local income tax		20	Locality name

Federal Filing Copy Wage and Tax Statement

3 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 25362.08		2 Federal income tax withheld 2877.11			
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 of			
0000006007 7A1	4082	DJHE	ACP 115		
c Employer's name, a	ddress, a	nd ZIP co	de		
CHAPMAN UNIVERSITY 1 UNIVERSITY DR ORANGE, CA 92866-1005					

b Employer's FED ID number 95-1643992	a Employee's SSA number XXX-XX-9603
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
4 Other	12b
79.84 CA SDI	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address	and ZIP code

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15 State	Employer's state ID no.	16	State wages, tips, etc.
CA	910-0429 1		25362.08
17 State	17 State income tax		Local wages, tips, etc.
	494.50		
19 Local	income tax	20	Locality name
	04 04 4 EIII		<u> </u>

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

1 Wages, tips, other co		2 Federal income tax withheld 2877.11			
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		
0000006007 7A1 4082		DJHE	ACP 115		

c Employer's name, address, and ZIP code **CHAPMAN UNIVERSITY** 1 UNIVERSITY DR **ORANGE, CA 92866-1005**

b Employer's FED ID number 95-1643992	a Employee's SSA number XXX-XX-9603				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a				
14 Other	12b				
79.84 CA SDI	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pa				
e/f Employee's name, address	and ZIP code				

SNEHA ANNA ALEXANDER **401 W LA VETA AVENUE APT #133** ORANGE, CA 92866

	Employer's state ID no.	16	State wages, tips, etc.
CA	910-0429 1		25362.08
17 State income tax		18	Local wages, tips, etc.
	494.50		
19 Local i	income tax	20	Locality name

City or Local Filing Cop Wage and Tax Statement

Copy 2 to be filed with employee's City or Local Income Tax Return.