## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus Wage and Tax Statement OMB No. 1545-00 Copy C for employee's records
d Control number | Dept. any adjustments made by your employer. 83,126.08 SOCIAL SECURITY Employer use only GROSS PAY TAX WITHHELD 0000063864 V5Q LJK5 C S 8320 BOX 04 OF W-2 MEDICARE TAX c Employer's name, address, and ZIP code FED. INCOME 4,623.51 1,121.67 **FARMERS GROUP INC** WITHHELD TAX WITHHELD **6301 OWENSMOUTH AVE** BOX 06 OF W-2 BOX 02 OF W-2 **WOODLAND HILLS, CA 91367** 70298084 SUI/SDI 0.00 0.00 STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 14 OF W-2 0.00 BOX 19 OF W-2 e/f Employee's name, address, and ZIP code RUPA IRLANKI **2331 MACY WAY** PROSPER, TX 75078 Employer's FED ID number a Employee's SSA numb 95-0725935 XXX-XX-9201 Income tax with 75249.60 4623.51 3 Social security wages 4796.10 77356.47 tax withheld To change your employee W-4 profile information file a new W-4 with your payroll department 77356.47 1121.67 curity tips 10 Dependent care benefits qualified plans 12a See Instructions for box 12 C | 36.00 12b D | 2105.87 12c W | 2631.00 12d DD | 12634.56 Social Security Number: XXX-XX-9201 RUPA IRLANKI 14 Other 12c W I 12d DD I 13 Stat emp 2331 MACY WAY PROSPER, TX 75078 15 State Employer's state ID no. 16 State wages, tips, etc 17 State Income tax 18 Local wages, tips, etc. 19 Local Income tax 20 Locality name C 2023 ADP, Inc. PAGE 1 OF 1 Fold and Detach Here 2 Federal income tax withhe 1 Wages, tips, other comp 2 Federal Income tax withheld 2 Federal Income tax withheld 1 Wages, tips, other comp. 1 Wages, tips, other comp 4623.51 75249.60 75249.60 4623.51 75249.60 4623.51 4 Social security tax withhel 3 Social security wages 4 Social security tax withheld 3 Social security wages Social security tax withheld 3 Social security wages 4796.10 77356.47 4796.10 77356.47 77356.47 4796.10 wages and tips Medicare wages and tips 1121.67 1121.67 77356.47 77356.47 77356.47 1121.67 Employer use only Control number Dept. Corp. Employer use onl Control number Dept. Corp Employer use only LJK5 C S 8320 C S 8320 0000063864 V5Q 0000063864 V5Q LJK5 LJK5 0000063864 V5Q C S 8320 c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code **FARMERS GROUP INC FARMERS GROUP INC FARMERS GROUP INC** 6301 OWENSMOUTH AVE 6301 OWENSMOUTH AVE **6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367 WOODLAND HILLS, CA 91367 WOODLAND HILLS, CA 91367** 70298084 70298084 70298084 Employer's FED ID number 95-0725935 a Employee's SSA numbe XXX-XX-9201 a Employee's SSA number XXX-XX-9201 b Employer's FED ID number 95-0725935 b Employer's FED ID number 95-0725935 8 Allocated tips 8 Allocated tips Social security tips A Allocated tips Social security tips 10 Dependent care benefits 10 Dependent care benefits 10 Dependent care benefits 12a 11 Nonqualified plan 12a 11 Nonqualified plans 11 Nonqualified plans 36.00 36.00 36,00 12b D <sup>12b</sup>D 14 Other 14 Other 12b D 14 Other 2106.87 2106.87 2106.87 12cW | 12cW 12cW | 2631.00 2631.00 2631.00 12d DD 12dDD 12634.56 12634.56 12d DD | 12634.56 13 Stat emp. Ret. plan 3rd party sick p 13 Stat emp. 3rd party sick pay 13 Stat em 3rd party sick pay and ZIP e/f Employee's name, address and ZIP e/f Employee's name, address and ZIP e/f Employee's name, address RUPA IRLANKI RUPA IRLANKI RUPA IRLANKI 2331 MACY WAY 2331 MACY WAY 2331 MACY WAY PROSPER, TX 75078 PROSPER, TX 75078 PROSPER, TX 75078 15 State Employer's state ID no. 16 State wages, tips, etc. 15 State Employer's state ID no. 16 State wages, tips, etc. 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State Income tax 18 Local wages, tips, etc. 17 State Income tax 18 Local wages, tips, etc. 17 State Income tax 18 Local wages, tips, etc.

19 Local Income tax

State Filing Copy
Wage and Tax
Statement

Wage and Tax

Statement

20 Locality name

2023

19 Local Income tax

Federal Filing Copy

Wage and Tax

Statement

19 Local Income tax

20 Locality name

City or Local Filing Copy
Wage and Tax
Statement

Statement

1400F C	1	Employer-Provided Health Insurance Offer and Coverage										OMB No. 1545-2251	PUNTSI
1095-C Department of the Treasu Internal Revenue Service	Do not attach to your tax return. Keep for your records.						Coverage   void   correct			CTED	2023		
Part I Employ							plicable Large E		ber (Employer	)			
Name of employee (first name, middle initial, last name)  RUPA  IRLANKI  XXX-XX-9201							7 Name of employer FARMERS GROUP, INC.					8 Employer identification number (EIN) 95-0725935	
Street address (including apartment no.) 2331 MACY WAY							et address (including			10 Contact telephone number 888-275-9768			
City or town 5 State or province PROS PER TX			6 Country a US 7	ind ZIP or foreign posta 5078		11 City or town SCHAUMBURG			nce		13 Country and ZIP or foreign postal cod US 60196-1056		
Part II Employ	yee Offer of C	overage		Employee	's Age on January	1:	P	Plan Start Moi	nth (enter 2-digit r	number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Offer of Coverage enter required code)		1H	1н	1н	1E	1E	1E	1E	1E	1E	1E	10	1H
Employee Required ontribution see instructions)	s	s	s	s	s 41.58 s	41.58	s 41.58	s 41.58	\$ 41.58	s 41.58	s 41.	58 <b>\$ 41.5</b> 8	s
B Section 4980H Safe farbor and Other Relief (enter code, applicable)		2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2B	2A
7 ZIP Code													
For Privacy Act and I	Paperwork Reduc	ction Act Notice,	see separate ins	tructions.			Cat. No. 6070	озм				Form 1	1 <b>095-C</b> (2023)

F00320

Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.  $\boxtimes$ (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (d) Covered all 12 months (b) SSN or other TIN Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec x x x x x x x x 18 RUPA IRLANKI XXX-XX-9201 xxxx S KALYAN CHAKRAVARTH XXX-XX-4173 MARREY x x x x x x x XXX-XX-4188 RITHIKAA MARREY 21 22 3 4

Form 1095-C (2023)

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