

2023 W-2 and EARNINGS SUMMARY

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 any adjustments made by your employer.

GROSS PAY	83,126.08	SOCIAL SECURITY TAX WITHHELD	4,796.10
FED. INCOME TAX WITHHELD	4,623.51	BOX 04 OF W-2	
STATE INCOME TAX	0.00	MEDICARE TAX WITHHELD	1,121.67
LOCAL INCOME TAX	0.00	BOX 06 OF W-2	
		SUI/SDI	0.00
		BOX 14 OF W-2	

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

Social Security Number: XXX-XX-9201

RUPA IRLANKI
2331 MACY WAY
PROSPER, TX 75078



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Fold and Detach Here →

Employee Reference Copy			
W-2		2023	
Wage and Tax Statement			
OMB No. 1545-0008			
Copy C for employee's records.			
d Control number 0000063864 V5Q	Dept. LJK5	Corp. C S	Employer use only 8320
c Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367 70298084			
e/f Employee's name, address, and ZIP code RUPA IRLANKI 2331 MACY WAY PROSPER, TX 75078			
b Employer's FED ID number 95-0725935	a Employee's SSA number XXX-XX-9201		
1 Wages, tips, other comp. 75249.60	2 Federal income tax withheld 4623.51		
3 Social security wages 77356.47	4 Social security tax withheld 4796.10		
5 Medicare wages and tips 77356.47	6 Medicare tax withheld 1121.67		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 36.00		
14 Other	12b D 2106.87		
	12c W 2631.00		
	12d DD 12634.56		
	13 Stat emp. <input checked="" type="checkbox"/> Ret. plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>		
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		

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Federal Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008

State Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008

City or Local Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) RUPA IRLANKI		2 Social security number (SSN) XXX-XX-9201		7 Name of employer FARMERS GROUP, INC.		8 Employer identification number (EIN) 95-0725935	
3 Street address (including apartment no.) 2331 MACY WAY				9 Street address (including room or suite no.) 1299 ZURICH WAY EAST 2		10 Contact telephone number 888-275-9768	
4 City or town PROSPER		5 State or province TX		6 Country and ZIP or foreign postal code US 75078		11 City or town SCHAUMBURG	
						12 State or province IL	
						13 Country and ZIP or foreign postal code US 60196-1056	

	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
1 Offer of Coverage (enter required code)		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1C	1H
5 Employee Required contribution (see instructions)	\$	\$	\$	\$	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$ 41.58	\$	\$
6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2B	2A
7 ZIP Code															

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>				(e) Months of coverage												
18	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
					19	RUPA IRLANKI	XXX-XX-9201						X	X	X	X
20	KALYAN CHAKRAVARTH MARREY	XXX-XX-4173						X	X	X	X					
21	RITHIKAA MARREY	XXX-XX-4188						X	X	X	X	X	X	X	X	X
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