## 2023 W-2 and EARNINGS SUMMARY



| Employee                     | Ref       | erence     | Сору              |
|------------------------------|-----------|------------|-------------------|
|                              | age a     | nd Tax     | つりつつ              |
| <b>VV-</b> Z ;               | Statem    | ent        | OMB No. 1545-0008 |
| Copy C for employee's record | ds.       |            | OMB No. 1545-0008 |
| d Control number             | Dept.     | Corp.      | Employer use only |
| 000115 K7/OMQ                |           |            | Α                 |
| Employer's name, a           | ddress, a | nd ZIP cod | е                 |

STIER SOLUTIONS INC 4080 MCGINNIS FERRY RD **SUITE 1406** ALPHARETTA, GA 30005

Batch #91596

e/f Employee's name, address, and ZIP code

ANURAG SIRUMALLA 501 ESTUARY TRAIL ALPHARETTA, GA 30005

| b  | Emplo  | yer's FED II<br>83-2050 |              | а   | Emple   |          | e's SSA   |          |           |
|----|--------|-------------------------|--------------|-----|---------|----------|-----------|----------|-----------|
| 1  | Wages  | s, tips, othe           | r comp.      | 2   | Feder   | al       | income    | tax wit  | hheld     |
|    |        | 7                       | 7000.00      |     |         |          |           | 29       | 6.03      |
| 3  | Social | security wa             | ages         | 4   | Socia   | ls       | security  | tax witl | hheld     |
| 5  | Medic  | are wages a             | and tips     | 6   | Medic   | are      | e tax wit | thheld   |           |
| 7  | Social | security tip            | os           | 8   | Alloca  | ite      | d tips    |          |           |
| 9  |        |                         |              | 10  | Depen   | de       | nt care   | benefit  | S         |
| 11 | Nonqu  | alified plans           | s            |     |         | str      | uctionsfo | r box 12 |           |
| 11 | Other  |                         |              | 121 |         | <u> </u> |           |          |           |
|    | Other  |                         |              | 120 | ;       |          |           |          |           |
|    |        |                         |              | 120 | t       |          |           |          |           |
|    |        |                         |              | 13  | Stat er | np.      | Ret. plan | 3rd part | y sick pa |
| 15 | State  | Employer's              | state ID no. | 16  | State   | wa       | ges, tip  | s, etc.  |           |
| -  | ЭΑ     | 3556243                 | -NL          |     |         |          |           | 700      | 0.00      |
| 17 | State  | income tax              |              | 18  | Local   | w        | ages, tip | s, etc.  |           |
|    |        |                         | 261.66       |     |         |          |           |          |           |
| 19 | Local  | income tax              |              | 20  | Locali  | itv      | name      |          |           |

This blue section is your Earnings Summary which provides more detailed

12c 12d

13 Stat emp. Ret. plan 3rd party sick pay

Federal income tax withheld

4 Social security tax withheld

Employer use only

6 Medicare tax withheld

Α

a Employee's SSA number XXX-XX-3566

Allocated tips 10 Dependent care benefits

GA 30005

**12**a

296.03

e/f Employee's name, address and ZIP code

ANURAG SIRUMALLA 501 ESTUARY TRAIL ALPHARETTA, GA 30005

15 State | Employer's state ID no. | 16 State wages, tips, etc. | 7000.00 17 State income tax 18 Local wages, tips, etc. 261.66 19 Local income tax 20 Locality name GA.State Reference Copy

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

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 Social Security Medicare GA. State Wages, Compensation Wages Wages Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

Gross Pay 7,000.00 7,000.00 7,000.00 7,000.00 Reported W-2 Wages 7,000.00 0.00 0.00 7,000.00

2. Employee Name and Address.

## ANURAG SIRUMALLA 501 ESTUARY TRAIL ALPHARETTA, GA 30005

Wages, tips, other comp

Medicare wages and tips

Social security wages

7000.00

c Employer's name, address, and ZIP code STIER SOLUTIONS INC 4080 MCGINNIS FERRY RD SUITE 1406

ALPHARETTA,

Employer's FED ID number 83-2050081

| 261.66  | <b>g</b> , <b>p</b> ,                       |   |
|---|---|---|
| 19 Local income tax                                 | 20 Locality name                            | © 2023 ADP, Inc.                              |
|   | _   | ·<br>_  |
| 1 Wages, tips, other comp. 7000.00                  | 2 Federal income tax withheld<br>296.03     | 1 Wages, tips, other c                        |
| 3 Social security wages                             | 4 Social security tax withheld              | 3 Social security wage                        |
| 5 Medicare wages and tips                           | 6 Medicare tax withheld                     | 5 Medicare wages and                          |
| d Control number Dept.                              | Corp. Employer use only                     | d Control number                              |
| 000115 K7/OMQ                                       | A   | 000115 K7/OMQ                                 |
| c Employer's name, address,                         | and ZIP code                                | c Employer's name, a                          |
| STIER SOLUTION 4080 MCGINNIS SUITE 1406 ALPHARETTA, | FERRY RD                                    | STIER SO<br>4080 MCG<br>SUITE 140<br>ALPHARET |
| b Employer's FED ID number<br>83-2050081            | a Employee's SSA number                     | b Employer's FED ID 83-205008                 |
| 7 Social security tips                              | 8 Allocated tips                            | 7 Social security tips                        |
| 9   | 10 Dependent care benefits                  | 9   |
| 11 Nonqualified plans                               | 12a See instructions for box 12             | 11 Nonqualified plans                         |
| 14 Other  | 12b   | 14 Other                                      |
|   | 12c   | 1   |
|   | 12d   | 1   |
|   | 13 Stat emp. Ret. plan 3rd party sick pay   | 1   |
| e/f Employee's name, address a                      | nd ZIP code                                 | e/f Employee's name, a                        |
| ANURAG SIRUMALLA                                    |   | ANURAG SIRUN                                  |
| 501 ESTUARY TRAIL                                   |   | 501 ESTUARY                                   |
| ALPHARETTA, GA 3                                    | 0005  | ALPHARETTA,                                   |
| 15 State Employer's state ID no<br>GA 3556243-NL    | . 16 State wages, tips, etc. <b>7000.00</b> | 15 State Employer's st<br>GA 3556243-N        |
| 17 State income tax 261.66                          | 18 Local wages, tips, etc.                  | 17 State income tax                           |
| 19 Local income tax                                 | 20 Locality name                            | 19 Local income tax                           |
| Federal F   | ling Copy                                   | GA.Sta  |
| W-2 Wage a  | and Tax 2023                                | <b>W-2</b> W St                               |
| Copy B to be filed with employee's F                | ederal Income Tax Return.                   | Copy 2 to be filed with empl                  |
|   |   |   |

| 1 Wages, tips, other comp.<br>7000.00  | 2 Federal income tax withheld 296.03  |
|--|---|
| 3 Social security wages  | 4 Social security tax withheld  |
| 5 Medicare wages and tips  | 6 Medicare tax withheld   |
| d Control number Dep   |   |
| 000115 K7/OMQ c Employer's name, address,  | A   |
| 4080 MCGINNIS<br>SUITE 1406<br>ALPHARETTA,   |   |
| b Employer's FED ID number 83-2050081  | a Employee's SSA number XXX-XX-3566   |
| 7 Social security tips   | 8 Allocated tips  |
| 9  | 10 Dependent care benefits  |
| 11 Nonqualified plans  | 12a   |
| 14 Other   | 12b   |
|  | 12c   |
|  |   |
|  | 12d   |
| of Employee's name address   | 13 Stat emp. Ret. plan 3rd party sick pa  |
| e/f Employee's name, address<br>ANURAG SIRUMALL/<br>501 ESTUARY TRAI<br>ALPHARETTA, GA                                   | 13 Stat emp. Ret. plan 3rd party sick party |
| ANURAG SIRUMALLA<br>501 ESTUARY TRAI<br>ALPHARETTA, GA  15 State Employer's state ID<br>GA 3556243-NL                    | and ZIP code A L 30005  no. 16 State wages, tips, etc. 7000.00  |
| ANURAG SIRUMALLA 501 ESTUARY TRAI ALPHARETTA, GA  15 State Employer's state ID   | and ZIP code  A L 30005  no. 16 State wages, tips, etc. 7000.00  18 Local wages, tips, etc.   |
| ANURAG SIRUMALLA 501 ESTUARY TRAI ALPHARETTA, GA  15 State Employer's state ID GA 3556243-NL 17 State income tax         | and ZIP code  A L 30005  no. 16 State wages, tips, etc. 7000.00  18 Local wages, tips, etc.   |
| ANURAG SIRUMALLI 501 ESTUARY TRAI ALPHARETTA, GA  15 State Employer's state ID GA 3556243-NL  17 State income tax 261.66 | and ZIP code A L 30005  no. 16 State wages, tips, etc. 7000.00  |