## 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	191,908.25	SOCIAL SECURITY	0.00
		TAX WITHHELD	
		BOX 04 OF W-2	
FED. INCOME	32,075.31	MEDICARE TAX	0.00
TAX WITHHELD		WITHHELD	
BOX 02 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	12,867.75	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 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-6997

SHREYASHEE SINHA **20 NEWPORT PKWY** APT-318 JERSEY CITY, NJ 07310

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PAGE 1 OF 2

1 Wages, tips, other comp. 173978.25	2 Federal inc	ome tax withheld 32075.31	1 Wages, tips, other comp. 173978.25		2 Federal income tax withheld 32075.31		1 Wages, tips, other comp. 173978.25		2 Federal income tax withheld 32075.31	
3 Social security wages	4 Social secu	urity tax withheld	3 Social security wages		4 Social security tax withheld		3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare ta	ax withheld	5 Medicare wages and tips		6 Medicare tax withheld		5 Medicare wages and tips		6 Medicare tax withheld	
d Control number Dept	. Corp. E	mployer use only	d Control number	Dept.	Corp.	Employer use only	d Control number	Dept.	Corp.	Employer use only
0000123790 WKT	N160	E S 17048	0000123790 WKT		N160	E S 17048	0000123790 WKT		N160	E S 17048
c Employer's name, address	, and ZIP code		c Employer's name,	c Employer's name, address, and ZIP code			c Employer's name, address, and ZIP code			
BLOOMBERG L P 731 LEXINGTON AV NEW YORK, NY 100	BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022			BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022						
b Employer's FED ID number 13-3417984 XXX-XX-6997		b Employer's FED II 13-34179	0 number 84	a Employee's SSA number XXX-XX-6997		b Employer's FED ID 13-34179	number 84	a Employee's SSA number XXX-XX-6997		
7 Social security tips	8 Allocated t		7 Social security tips		8 Allocat		7 Social security tips		8 Allocated tips	
9	10 Dependen	nt care benefits	9		10 Deper	ident care benefits	9		10 Depe	ndent care benefits
11 Nonqualified plans	12a See instru C	ctions for box 12 90.00	11 Nonqualified plans	į	12a C	90.00	11 Nonqualified plans		12a C. ∣	90.00
14 Other	<sup>12b</sup> D	16900.00	14 Other		<sup>12b</sup> D	16900.00	14 Other		<sup>12b</sup> D	16900.00
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	12d				12d				12d	
	13 Stat emp. Ret.	plan 3rd party sick pay			13 Stat emp	Ret. plan 3rd party sick pay			13 Stat em	p. Ret. plan 3rd party sick pay
e/f Employee's name, addres	s and ZIP code	<u>~  </u>	e/f Employee's name,	, address	and ZIP c	ode	e/f Employee's name,	address a	and ZIP c	ode
SHREYASHEE SIN	SHREYASHEE SINHA				SHREYASHEE SINHA			SHREYASHEE SINHA		
20 NEWPORT PKWY			20 NEWPORT PKWY			20 NEWPORT PKWY				
APT-318			APT-318			APT-318				
JERSEY CITY, NJ 07	JERSEY CITY, NJ 07310				JERSEY CITY,	NJ 0731	0			
15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE		15         State         Employer's state ID no.         16         State wages, tips, etc.           NJ         133-417-984/000         116523.40			Employer's state ID no. 16 State wages, tips, etc. 133-417-984/000 116523.40					
17 State income tax 12867.75	18 Local wag	jes, tips, etc.	17 State income tax		18 Local	wages, tips, etc.	17 State income tax		18 Local	wages, tips, etc.
19 Local income tax	20 Locality n	ame	19 Local income tax         20 Locality name		19 Local income tax         20 Locality name			ity name		
Federal Fili Wage State	W-2 <sup>NJ. Star</sup>	Vage an Statem	nd Tax nent	<b>2023</b> OMB No. 1545-0008	NJ. Stat W-2	lage an Statem	d Tax	<b>2023</b> OMB No. 1545-0008		

## Wage and Tax Statement Copy C for empl loyee's records Dept. Corp. Employer use only d Control number 0000123790 WKT N160 E S 17048 c Employer's name, address, and ZIP code **BLOOMBERG L P** 731 LEXINGTON AVENUE NEW YORK, NY 10022 e/f Employee's name, address, and ZIP code SHREYASHEE SINHA **20 NEWPORT PKWY** APT-318 JERSEY CITY, NJ 07310 b Employer's FED ID number a Employee's SSA number 13-3417984 Wages, tips, other comp XXX-XX-6997 2 Federal income tax withheld 173978.25 32075.31 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 12a See instructions for box 12 0 C 90.00 12b D 16900.00 12c DD 7878.35 11 Nonqualified plans 14 Other 399.43 NY PFL 12c DD | 12d 13 Stat emp. Ret, plan 3rd party sick pay х 15 State Employer's state ID no. 16 State wages, tips, etc. TOTAL STATE 17 State income tax 18 Local wages, tips, etc. 12867.75

20 Locality name

9

19 Local income tax

Employee Reference Copy

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BOX 02 OF W-2		BOX 06 OF W-2	
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Social Security Number: XXX-XX-6997

SHREYASHEE SINHA **20 NEWPORT PKWY APT-318** JERSEY CITY, NJ 07310

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PAGE 2 OF 2

1 Wages, tips, other co 173978.	2 Federal income tax withheld 32075.31						
3 Social security wages	4 Social security tax withheld						
5 Medicare wages and	6 Medicare tax withheld						
d Control number	Dept.	Corp.	Employer use only				
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c Employer's name, ad	ddress, a						
BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022							
b Employer's FED ID 13-341798	a Employee's SSA number XXX-XX-6997						
7 Social security tips		8 Allocated tips					
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		12d					
		13 Stat em	p. Ret. plan X	3rd party sick pay			
e/f Employee's name, address and ZIP code SHREYASHEE SINHA 20 NEWPORT PKWY APT-318 JERSEY CITY, NJ 07310							
15 State Employer's st NY 133417984	ate ID no. 1	16 State wages, tips, etc. 173978.25					
17 State income tax 12867	7.75	18 Local wages, tips, etc.					
19 Local income tax	20 Loca	lity name					
W-2 State Filing Copy Wage and Tax Statement OMB No. 1545-0008							
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Copy 2 to be filed with employee's State Income Tax Return.

NY. State Reference Copy

Statement

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

c Employer's name, address, and ZIP code

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

Dept.

d Control number

0000123790 WKT

**BLOOMBERG L P** 731 LEXINGTON AVENUE NEW YORK, NY 10022

**20 NEWPORT PKWY** 

13-3417984 Wages, tips, other comp

3 Social security wages

7 Social security tips

11 Nonqualified plans

14 Other 399.43 NY PFL

17 State income tax

19 Local income tax

133417984 1

12867.75

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NY

5 Medicare wages and tips

JERSEY CITY, NJ 07310 b Employer's FED ID number

173978.25

APT-318

Wage and Tax

Corp.

N160

B No. 1545-000

Employer use only

E S 17049

a Employee's SSA number

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

 12a See instructions for box 12

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12d | 13 Stat emp Ret. plan 3rd party sick pay

173978.25

X

18 Local wages, tips, etc.

20 Locality name

8 Allocated tips

12c DD

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

XXX-XX-6997 2 Federal income tax withheld

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7878.35