2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

Wage and Tax
Statement
Statement
Copy C for employee's records.

d Control number
22380
C Employer's name, address, and ZIP code
ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
M/S WA03P
PHILADELPHIA, PA 19106

ef Employee's name, address, and ZIP code RADHIKA DITTAKAVI 908 SWALLOW COURT NORTH BRUNSWICK, NJ 08902

b Employ	er's FED ID number 95-2371728	a Emplo		-XX-4149		
1 Wages, tips, other comp.		2 Federa	2 Federal income tax withheld			
	135218.53		:	23266.51		
3 Social	security wages	4 Social	security	tax withheld		
	151461.17			9390.59		
5 Medica	re wages and tips	6 Medic	are tax w	ithheld		
	151461.17			2196.19		
7 Social	security tips	8 Alloca	ted tips	1,500		
9		10 Dependent care benefits				
11 Nonqualified plans		12a See ins	tructions f	or box 12 154 . 48		
14 Other	174.68 UI/WD/HC	12b D		16242.64		
14 Other	90.88 FLI	12c				
		12d				
		13 Stat em	P. Ret. plan	3rd party sick pay		
15 State E	mployer's state ID n	o. 16 State	vages, ti	ps, etc.		
NJ	952-371-728/000	135218.53		35218.53		
17 State income tax 7108.58		18 Local	18 Local wages, tips, etc.			
19 Local in	come tax	20 Localit	y name			

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

ges, Tips, Other mpensation x 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
151,613.92 -307.23 154.48 -16,242.64	151,613.92 -307.23 154.48	151,613.92 -307.23 154.48
	151,613.92 -307.23 154.48	mpensation x 1 of W-2 Box 3 of W-2 151,613.92 -307.23 154.48 154.48

W-2 WAGES 135,218.53 151,461.17 151,461.17

Social Security Number: XXX-XX-4149

RADHIKA DITTAKAVI 908 SWALLOW COURT NORTH BRUNSWICK, NJ 08902



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PAGE 01 OF 01

1	Wages, tips, other	218.53	2 Federal income tax withheld 23266.51		
3	Social security wa	ges 461.17	4 Social security tax withheld 9390.59		
5	Medicare wages and tips 151461.17		6 Medica	are tax withheld 2196.19	
d 44	Control number 11954714 WML	Dept. 22380	Corp.	Employer use only 4569	

ACE AMERICAN INSURANCE COMPANY
436 WALNUT STREET
M/S WA03P
PHILADELPHIA, PA 19106

a Employee's SSA number XXX-XX-4149		
8 Allocated tips		
10 Dependent care benefits		
12a See instructions for box 12 C 154.48		
12b D 16242.64		
12c		
12d		
13 Stat emp. Ret. plan 3rd party sick pay		

RADHIKA DITTAKAVI 908 SWALLOW COURT NORTH BRUNSWICK, NJ 08902

| 15 | State | Employer's state ID no. | 16 | State wages, tips, etc. | 135218.53 | | 17 | State income tax | 7108.58 | | 18 | Local wages, tips, etc. | | 20 | Locality name | |

Federal Filing Copy

W-2 Wage and Tax
Statement
ONE to be filed with earlier Service Tax

1	Wages, tips, othe	r comp.	2 Federal income tax withheld		
	135	5218.53	23266.51		
3 Social security wages			4 Social security tax withheld		
151461.17			9390.59		
5	Medicare wages and tips 151461.17		6 Medica	re tax withheld 2196.19	
d	Control number	Dept.	Corp.	Employer use only	
44	11954714 WML	22380		4569	

Fold and Detach Here

c Employer's name, address, and ZIP code

ACE AMERICAN INSURANCE COMPANY 436 WALNUT STREET M/S WA03P PHILADELPHIA, PA 19106

Employer's FED ID numbe 95-2371728	a Employee's SSA number XXX-XX-4149		
Social security tips	8 Allocated tips		
	10 Dependent care benefits		
Nonqualified plans	12a C 154.48		
Other 174.68 UI/WD/HC	12b D 16242.64		
90.88 FLI	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	95-2371728 Social security tips		

RADHIKA DITTAKAVI 908 SWALLOW COURT NORTH BRUNSWICK, NJ 08902

15	State NJ	Employer's state ID no. 952-371-728/000	16 State wages, tips, etc. 135218.53
17 State income tax 7108.58			18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

NJ. State Filing Copy

W-2 Wage and Tax
Statement
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, othe	r comp.	2 Federal income tax withhel		
	135	218.53	23266.51		
3	Social security w	ages 461.17	4 Social security tax withheld 9390.59		
5	Medicare wages and tips 151461.17		6 Medic	are tax withheld 2196.19	
d	Control number	Dept.	Corp.	Employer use only	
44	11954714 WML	22380		4569	

c Employer's name, address, and ZIP code

ACE AMERICAN INSURANCE COMPANY 436 WALNUT STREET M/S WA03P PHILADELPHIA, PA 19106

b	Employer's FED ID number 95-2371728		a Employee's SSA number XXX - XX - 4149			
7	Social security tips		8 Allocated tips			
9				10 Dependent care benefits		
11	Nonqual	lified pl	ans	12a C		154 40
14			12b D	-77 -3	154.48	
	90.88 FLI	12c		10242.04		
		12d				
				13 Stat em	p. Ret. plan	3rd party sick pa

Employee's name, address and ZIP code

RADHIKA DITTAKAVI 908 SWALLOW COURT NORTH BRUNSWICK, NJ 08902

15	State NJ	Employer's state ID no. 952-371-728/000	. 16 State wages, tips, etc. 135218.53
17 State income tax 7108.58			18 Local wages, tips, etc.
19 Local income tax		income tax	20 Locality name

City or Local Filing Copy

1-2 Wage and Tax

Statement

LOUIS NO. 1545-0008

2 to be filled with employee's City or Local Income Tax Region 1545-0008