2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only KY/V8E 000009 Employer's name, address, and ZIP code INFODATAWORX 10829 SEXTON DRIVE

MCKINNEY, TX 75072

Batch #90558

e/f Employee's name, address, and ZIP code SAICHARAN SHIVANADHUNI 1119 EGRET WAY CELINA, TX 75009

Employer's FED ID number a Employee's SSA number 87-2163342 XXX-XX-6503 Wages, tips, other comp. Federal income tax withheld 40000.00 5575.20 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 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

This blue section is your Earnings Summary which provides more detailed 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 Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

Gross Pay Reported W-2 Wages 40,000.00 40,000.00

40,000.00 0.00

40,000.00 0.00

2. Employee Name and Address.

SAICHARAN SHIVANADHUNI 1119 EGRET WAY CELINA, TX 75009

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1 Wages, tips, other comp. 40000.00		2 Federa	Federal income tax withheld 5575.20			
3 Social security wages		4 Social	4 Social security tax withheld			
5 Medicare wages and tips		6 Medica	6 Medicare tax withheld			
d Control num	per Dept.	Corp.	Employer	use only		
000009 K	Y/V8E		Α	9		
c Employer's	name, address,	and ZIP cod	le			
	DATAWORX					
10829	SEXTON	DRIVE				

b	Employer's FED ID number 87-2163342	a Employee's SSA number XXX-XX-6503				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12				
14	Other	12b				
		12c				
		12d				
		13 Stat emp Ret. plan 3rd party sick pay				
e/f	Employee's name, address a	nd ZIP code				

17 State	income tax	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ng Copy
\ \ \ /	_ 1 Wage ar	
	_ wage an	

Statement Copy B to be filed with employee's Federal Income Tax Return.

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

SAICHARAN SHIVANADHUNI

1119 EGRET WAY

CELINA, TX 75009

40000 wages, tips, other com					
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and ti	ips 6 Medicare tax withheld				
d Control number	Dept. Corp. Employer use only				
000009 KY/V8E	A 9				
c Employer's name, addi INFODATAW(10829 SEXT MCKINNEY,	ORX LLC ON DRIVE				
b Employer's FED ID nui 87-2163342	mber a Employee's SSA number XXX-XX-6503				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pa				
e/f Employee's name, address and ZIP code SAICHARAN SHIVANADHUNI 1119 EGRET WAY CELINA, TX 75009					
15 State Employer's state	e ID no. 16 State wages, tips, etc.				
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
W-2 State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.					

1 Wages, tips, other comp. 40000.00		2 Federal income tax withheld 5575.20				
3	3 Social security wages		4	4 Social security tax withheld		
5	5 Medicare wages and tips		6 Medicare tax withheld			
d	Control number	Dept.		Corp.	Employer	use only
00	0009 KY/V8E				Α	9
c Employer's name, address, and ZIP code						

INFODATAWORX LLC 10829 SEXTON DRIVE MCKINNEY, TX 75072

Employer's FED ID number 87-2163342	a Employee's SSA number XXX-XX-6503				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
Nonqualified plans	12a				
Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pa				
	87-2163342 Social security tips Nonqualified plans				

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

SAICHARAN SHIVANADHUNI 1119 EGRET WAY CELINA, TX 75009

15	State	Employer's	state ID no.	16	State wages, tips, etc.
		1 ., .			
17	State	income tax		18	Local wages, tips, etc.
					• , . ,
19	Local	income tax		20	Locality name
					•

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return