Employee Re			
Wage a			
Statem	nent COLO OMB No. 1545-0008		
Copy C for employee'srecords.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d Control number Dept. 000006 KU/NIG	Corp. Employer use only		
c Employer's name, address,			
NORTEK CONSU	ULTING INC VIEW LN STE 1040		
IRVING. TX 750			
	02 5097		
	Batch #91674		
e/f Employee's name, address, a	and ZIP code		
TEJA KONDA			
1407 BERNARD STRE	ET APPT 1019		
DENTON, TX 76201			
,			
b Employer's FED ID number	a Employee's SSA number		
82-2316678	XXX-XX-2957		
1 Wages, tips, other comp. 23331.00	² Federal income tax withheld 1959.91		
3 Social security wages	4 Social security tax withheld		
Social security wages	4 Social security tax withheid		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
	· · · · · · · · · · · · · · · · · · ·		
	8 Allocated tips 10 Dependent care benefits		
9	· · · · · · · · · · · · · · · · · · ·		
7 Social security tips 9 11 Nonqualified plans	10 Dependent care benefits 12a See instructionsfor box 12		
9	10 Dependent care benefits 12a See instructionsfor box 12 12b		
9 11 Nonqualified plans	10 Dependent care benefits 12a See instructions for box 12 12b 12c		
11 Nonqualified plans	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d		
a 11 Nonqualified plans 14 Other	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d 13 Stat emp Ret. plan 3rd party sick pa		
a 11 Nonqualified plans 14 Other	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d 13 Stat emp Ret. plan 3rd party sick pa		
9 11 Nonqualified plans 14 Other 15 State Employer's state ID no	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d 12d 13 State emp Ret. plan 3rd party sick parts 16 State wages, tips, etc.		
11 Nonqualified plans 14 Other 15 State Employer's state ID no	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d 13 Stat emp Ret. plan 3rd party sick pa		
a 11 Nonqualified plans 14 Other	10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 12d 12d 13 State emp Ret. plan 3rd party sick parts 16 State wages, tips, etc.		

2023 W-2 and EARNINGS SUMMARY

Medicare Wages Box 5 of W-2

23,331.00

0.00



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
Gross Pay Reported W-2 Wages	23,331.00 23,331.00	23,331.00 0.00

2. Employee Name and Address.

TEJA KONDA 1407 BERNARD STREET APPT 1019 DENTON, TX 76201

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1 Wages, tips, other comp. 23331.00	2 Federal income tax withheld 1959.91	1 Wages, tips, other comp. 23331.00	2 Federal income tax withheld 1959.91	1 Wages, tips, other comp. 23331.00	2 Federal income tax withheld 1959.91
3 Social security wages	4 Social security 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 tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. 000006 KU/NIG	Corp. Employer use only	d Control number Dept. 000006 KU/NIG	Corp. Employer use only	d Control number Dept. 000006 KU/NIG	Corp. Employer use only
c Employer's name, address,	and ZIP code	c Employer's name, address,	and ZIP code	c Employer's name, address, a	and ZIP code
NORTEK CONS 2300 VALLEY IRVING, TX 750	VIEW LN STE 1040	NORTEK CONS 2300 VALLEY IRVING, TX 750	VIEW LN STE 1040	NORTEK CONSI 2300 VALLEY IRVING, TX 750	VIEW LN STE 1040
b Employer's FED ID number 82-2316678	a Employee's SSA number XXX-XX-2957	b Employer's FED ID number 82-2316678	a Employee's SSA number XXX-XX-2957	b Employer's FED ID number 82-2316678	a Employee's SSA number XXX-XX-2957
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		12c		12c
	12d		12d		12d
13 Stat emp.Ret. plan	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address a	and ZIP code	e/f Employee's name, address	and ZIP code	e/f Employee's name, address a	and ZIP code
TEJA KONDA		TEJA KONDA		TEJA KONDA	
1407 BERNARD STREET APPT 1019 1407 BERNARD STREET APPT 1019		1407 BERNARD STREET APPT 1019			
DENTON, TX 76201		DENTON, TX 76201		DENTON, TX 76201	
15 State Employer's state ID no	D. 16 State wages, tips, etc.	15 State Employer's state ID no. 16 State wages, tips, etc.		15 State Employer's state ID no	D. 16 State wages, tips, etc.
17 State income tax	18 Local wages, 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 name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
		W-2 State Rei Wage a Stateme Copy 2 to be filed with employee's Sta	and Tax 2023	City or Local W-2 Wage a Statem Copy2 to be filed with employee'scity	and Tax 2023