2023 W-2 and EARNINGS SUMMARY

| Employee Reference Copy | | | | | | | |
|-------------------------|-------------------|------------------|-------------------------|-----------|------------|----------|----------------|
| \ \ | Mage and Tax 2023 | | | | | | |
| VV - Z Statem | | | ent | | OMBA | Ų | |
| | employee's reco | ords. | | | OMB N | 10. I | 545-0008 |
| d Contro | ol number | Dept. | Corp. | | Employ | /er | use only |
| | 8532 R8Q | | AUH5 | | E S | <u> </u> | 95 |
| Employ | er's name, a | nd ZIP c | od | е | | | |
| | TRUSTEE | | HE STE | ٧ | ENS | | |
| | ITUTE OF | | | _ | | | |
| | CASTLE | | ON HUL | วร | ON | | |
| HOB | OKEN, NJ | 07030 | | | | | |
| | | | | | | | |
| | | | | | | | |
| e/f Emplo | yee's name, | address. | and ZIP | CC | ode | | |
| | OSHI M A | | | | - | | |
| 310 P | ALISADE | AVENUI | E #2 | | | | |
| UNIO | N CITY, N | 07087 | | | | | |
| | | | | | | | |
| | yer's FED ID | | a Emplo | | | ۸ | |
| | 22-148735 | 4 | | _ | XXX-X | X- | 4893 |
| Wages, | tips, other co | | 2 Feder | al | income | | withheld |
| | 5040 | | | _ | | | 1.11 |
| Social security wages | | 4 Socia | Is | ecurity t | ax | withheld | |
| | | | 6 Modicaro tax withhold | | | | |
| Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| 7 Social s | security tips | | 8 Allocated tips | | | | |
| occiai security tips | | C / C dated tipo | | | | | |
| | | | 10 Depe | ene | dent car | e b | enefits |
| | | | 10- 0- ' | | | - (| |
| 1 Nonqu | ialified plans | | 12a See i | ns | truction | s to | or DOX 12 |
| 4 Other | | | 12b | İ | | | |
| DI P.P. #SDJ7019 | | 12c | \Box | | | | |
| | | | 12d 13 Stat. em | n I | Ret nien | 3rd | party sick pay |
| | | | , John Cili | ۲. | rest, pian | J. u | party sick pay |
| | Employer's s | | 16 State | e w | ages, ti | ps, | etc. |
| NJ | 221-487-354/ | 000 | | | | | 0.00 |
| 7 State i | income tax | | 18 Loca | al v | vages, ti | ps, | etc. |
| | 7: | 5.60 | 1 | | | | |

20 Locality name

2 Federal income tax withheld

4 Social security tax withheld

41.11

19 Local income tax

Wages, tips, other comp

3 Social security wages

5040.00

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information file a new W-4 with your payroll department.

> > Social Security Number: XXX-XX-4893

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PAGE 1 OF 1

| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | | |
|---------------------------|--|----------------------------|------------------|--------------------|---------------------|------------|--|
| d Contr | ol number | Dept. | Corp. | Emplo | yer use | only | |
| 000000 | 8532 R8Q | | AUH5 | ES | 95 | 5 | |
| THE INST | rer's name, a TRUSTEE FITUTE OF CASTLE I SOKEN, NJ | S OF THE | IE STE | VENS | | | |
| b Emplo | yer's FED ID 22-148735 | number 4 | a Empl | oyee's SS XXX-) | A num | ber 93 | |
| 7 Social | security tips | | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | | |
| 11 Nonqu | ualified plans | | 12a See | instructio | ns for b | ox 12 | |
| 14 Other | DI P.P. #SD. | 7010 | 12b | | | | |
| DI P.P. #3D37019 | | 12c | | | | | |
| | | 12d | | | | | |
| | | | 13 Stat en | p. Ret. plan | 3rd party | / sick pay | |
| KHO0 310 P | oyee's name, DSHI M A ALISADE N CITY, NJ | JMERA Avenui | | code | | | |
| 15 State NJ | Employer's s 221-487-354/ | | 16 State | | ips, etc 5040.0 | | |
| 17 State income tax 75.60 | | 18 Local wages, tips, etc. | | | | | |
| 19 Local income tax | | 20 Locality name | | | | | |
| W | | age an Statem | d Tax ent | 2 OMB | 02 No. 1545- | 23 | |

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

| 1 Wages, tips, other comp. 5040.00 | | 2 Federal income tax withheld 41.11 | | | |
|---|-------|--|-----|----------|--|
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and | tips | 6 Medicare tax withheld | | eld | |
| d Control number | Dept. | Corp. Employer use | | use only | |
| 0000008532 R8Q | | AUH5 | E S | 95 | |
| c Employer's name, address, and ZIP code | | | | | |
| THE TRUSTEES OF THE STEVENS INSTITUTE OF TECH ONE CASTLE POINT ON HUDSON HOBOKEN, NJ 07030 | | | | | |

| a Employee's SSA number XXX-XX-4893 | | |
|--|--|--|
| 8 Allocated tips | | |
| 10 Dependent care benefits | | |
| 12a | | |
| 12b | | |
| 12c | | |
| 12d | | |
| 13 Stat emp. Ret. plan 3rd party sick pa | | |
| | | |

KHOOSHI M AJMERA 310 PALISADE AVENUE #2 UNION CITY, NJ 07087

| 15 State | Employer's state ID no. | . 16 State wages, tips, etc. |
|---------------------|-------------------------|------------------------------|
| NJ | 221-487-354/000 | 5040.00 |
| 17 State income tax | | 18 Local wages, tips, etc. |
| | 75.60 | |
| 19 Local income tax | | 20 Locality name |
| | | |
| | N. I. O | |

NJ. State Filing Copy Wage and Tax Statement iled with employee's State Income Tax Return.

| 1 Wages, tips, other comp. 5040.00 | | 2 Federal income tax withheld 41.11 | | | |
|--|-------|--|--------|--|--|
| 3040 | .00 | 41.11 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| d Control number | Dept. | Corp. Employer use of | | | |
| 0000008532 R8Q | | AUH5 | E S 95 | | |
| c Employer's name, address, and ZIP code | | | | | |
| THE TRUSTEES OF THE STEVENS INSTITUTE OF TECH ONE CASTLE POINT ON HUDSON | | | | | |

| b Employer's FED ID number 22-1487354 | a Employee's SSA number XXX-XX-4893 8 Allocated tips | | | | |
|--|---|--|--|--|--|
| 7 Social security tips | | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a | | | | |
| 14 Other DI P.P. #SDJ7019 | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick | | | | |

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

KHOOSHI M AJMERA 310 PALISADE AVENUE #2 UNION CITY, NJ 07087

HOBOKEN, NJ 07030

| 15 State Employer's state ID no. | | 16 | State wages, tips, etc. |
|----------------------------------|------------|----|-------------------------|
| NJ 221-487-354/000 | | | 5040.00 |
| 17 State income tax | | 18 | Local wages, tips, etc. |
| | 75.60 | | |
| 19 Local | income tax | 20 | Locality name |
| | | | |

City or Local Filing Co Wage and Tax Statement

Copy 2 to be filed with employee's City or Local Income Tax Return.