	erence Copy						
Wage a							
VV-Z Statem	ent <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>						
Copy C for employee's records. d Control number Dept.	Corp. Employer use only						
000012 KY/IBJ	A						
c Employer's name, address, a	nd ZIP code						
KRIWIN LLC							
2910 FAIRMONT KATY. TX 77494							
Batch #91646							
e/f Employee's name, address, a	ind ZIP code						
ANJALI GAHLOT							
-	OLLS APT 406						
PEORIA, IL 61641							
b Employer's FED ID number	a Employee's SSA number						
85-3277779 1 Wages, tips, other comp.	XXX-XX-1929						
46190.00	² Federal income tax withheld 4996.77						
3 Social security wages	4 Social security tax withheld						
3 Social security wages 5 Medicare wages and tips	4 Social security tax withheld 6 Medicare tax withheld						
	-						
5 Medicare wages and tips	6 Medicare tax withheld						
5 Medicare wages and tips 7 Social security tips	6 Medicare tax withheld 8 Allocated tips						
5 Medicare wages and tips 7 Social security tips 9	6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b						
5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans	6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructionsfor box 12						
5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans	6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructionsfor box 12 12b 12c 1						
5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans	6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructionsfor box 12 12b 12c 12c 13 Stat emp Ret. plan 3rd party sick pay						
5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 15 State Employer's state ID no	6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12c 12d 13 Stat emp Ret. plan Brd party sick pay 16 State wages, tips, etc.						

2023 W-2 and EARNINGS SUMMARY



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	IL. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay Reported W-2 Wages	46,190.00 46,190.00	46,190.00 0.00	46,190.00 0.00	46,190.00 46,190.00	

2. Employee Name and Address.

ANJALI GAHLOT 2227 W WILLOW KNOLLS APT 406 PEORIA, IL 61641

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1 Wages, tips, other comp. 46190.00	2 Federal income tax withheld 4996.77	1 Wages, tips, other comp. 46190.00	2 Federal income tax withheld 4996.77	1 Wages, tips, other comp. 46190.00	2 Federal income tax withheld 4996.77
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. 000012 KY/IBJ	Corp. Employer use only	d Control number Dept. 000012 KY/IBJ	Corp. Employer use only	d Control number Dept. 000012 KY/IBJ	Corp. Employer use only
c Employer's name, address, a KRIWIN LLC 2910 FAIRMONT KATY, TX 77494	RIDGE LN	c Employer's name, address, a KRIWIN LLC 2910 FAIRMONT KATY, TX 77494	RIDGE LN	c Employer's name, address, a KRIWIN LLC 2910 FAIRMONT KATY, TX 77494	RIDGE LN
b Employer's FED ID number 85-3277779 7 Social security tips	a Employee's SSA number XXX-XX-1929 8 Allocated tips	b Employer's FED ID number 85-3277779 7 Social security tips	a Employee's SSA number XXX-XX-1929 8 Allocated tips	b Employer's FED ID number 85-3277779 7 Social security tips	a Employee's SSA number XXX-XX-1929 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 12c 12d 13 Stat emp Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address and ZIP code		e/f Employee's name, address a	nd ZIP code
ANJALI GAHLOT 2227 W WILLOW KN PEORIA, IL 61641	OLLS APT 406	ANJALI GAHLOT 2227 W WILLOW KNOLLS APT 406 PEORIA, IL 61641 ANJALI GAHLOT 2227 W WILLOW KNOLLS APT 406 PEORIA, IL 61641			
15StateEmployer'sstateIDno.IL85-3277779000		15 State Employer's state ID no IL 85-3277779 000		15 State Employer's state ID no IL 85-3277779 000	
17 State income tax 2286.40	18 Local wages, tips, etc.	17 State income tax 2286.40	18 Local wages, tips, etc.	17 State income tax 2286.40	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
Federal Fil W-2 Wage a Statem Copy B to be filed with employee's Fe	nd Tax 2023	IL.State Ref W-2 Wage a Stateme Copy 2 to be filed with employee's Stat	and Tax 2023	IL.State Filir W-2 Wage a Statem Copy 2 to be filed with employee'sState	nd Tax 2023