## 2023 W-2 and EARNINGS SUMMARY



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

2023 No. 1545-0008

С	Emplo	ver's	name,	address,	and	ZIP	cod	e
0	33917	CLE	V/JM2	00020	7			
	Control			Dept.	- 1	Corp	).	

Employer use only A 385

CARE FOR SOUL INC 512 HIGGINS ROAD PARK RIDGE IL 60068

Batch #01944

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

KRUTIKA DESAI 9518 DEE RD APT 2F

DES PLAINES IL 60016

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b	Emplo	yer's	FED	ID nui	mber	а	Emple	оує	e's SSA	A number
		27-	-271	6697				х	xx-xx	-3917
1	Wages	s, tip	s, oth	er con	np.	2	Feder	al	income	tax withheld
			3	30795	.25					2944.44
3	Social	secu	urity v	wages		4	Socia	l s	security	tax withheld
			3	30795	.25					1909.31
5	Medica	are v	vages	and ti	ps	6	Medic	are	e tax wi	thheld
			3	30795	.25					446.53
7	Social	secu	ırity t	ips		8	Alloca	ate	d tips	
9						10	Depen	de	nt care	benefits
11	Nongu	alifie	d pla	ns		12	a See in	str	uctionsfo	r box 12
	-		-				DD			7552.95
1/	Other					121		<u> </u>		
'-	Other					120	0			
						120		<u> </u>		
						13	Stat er	np.	Ret. plan	3rd party sick pa
15	State	Emp	loyer'	s stat	e ID no.	16	State	wa	ages, tip	s, etc.
]	ΙL	27-	2716	5697	000	3				30795.25
17	State	incon	ne tax			18	Local	w	ages, tip	s, etc.
				1524	.37					
19	Local	incor	ne ta	х		20	Local	ity	name	

1	Wages, tips, other of	2 Federal income tax withheld 2944.44				
3	Social security wage 307	4 Social security tax withheld 1909.31				
5	Medicare wages and 307	6 Medicare tax withheld 446.53				
d	Control number	Dept.	Corp.	Employer	use only	
03	33917 CLEV/JM2	000207		A	385	
С	c Employer's name, address, and ZIP code					

CARE FOR SOUL INC 512 HIGGINS ROAD PARK RIDGE IL 60068

b	Employer's FED ID number 27-2716697	a Employee's SSA number XXX-XX-3917						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12 DD   7552.95						
14	Other	12b						
		12c						
		12d						
		13 Stat emp Ret. plan 3rd party sick pay						
~ 16	Empleyee's name address of	nd ZID ands						

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

KRUTIKA DESAI 9518 DEE RD APT 2F

DES PLAINES IL 60016

	State L	Employer's state ID no. 27-2716697 000 3	16 State wages, tips, etc. 30795.25
17	State	income tax	18 Local wages, tips, etc.
		1524.37	
19	Local	income tax	20 Locality name
			!
		Federal Fil	ing Copy

Wage and Tax 2023

Statement QMB No. 1545-0008

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

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	Social Security	Medicare	IL. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Reported W-2 Wages	30,795.25	30,795.25	30,795.25	30,795.25
	<b>30,795.25</b>	<b>30,795.25</b>	<b>30,795.25</b>	<b>30,795.25</b>

2. Employee Name and Address.

KRUTIKA DESAI 9518 DEE RD APT 2F DES PLAINES IL 60016

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1 Wages, tips, other comp. 30795.25			2 Federal income tax withheld 2944.44			
3 Social security wages 30795.25			4 Social security tax withheld 1909.31			
5 Medicare wages and tips 30795.25			6 Medicare tax withheld 446.53			
d	Control number	Dept.	Corp.	Employer	use only	
03	33917 CLEV/JM2	000207		A	385	
c Employer's name, address, and ZIP code						
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CARE FOR SOUL INC 512 HIGGINS ROAD PARK RIDGE IL 60068

b	Employer's FED ID number 27-2716697	a Employee's SSA number XXX-XX-3917					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a DD   7552.95					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
		<u> </u>					

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

KRUTIKA DESAI 9518 DEE RD APT 2F DES PLAINES IL 60016

15 State	Employer's state ID no.	16 State wages, tips, etc.
IL	27-2716697 000 3	30795.25
17 State	income tax	18 Local wages, tips, etc.
	1524.37	
19 Local	income tax	20 Locality name
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Wage and Tax
Statement
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1	1 Wages, tips, other comp.			2 Federal income tax withheld		
	30795.25				2	944.44
3	3 Social security wages 30795.25			Social security tax withheld 1909.31		
5	5 Medicare wages and tips 30795.25			Medica	re tax withh	eld 446.53
d	Control number	Dept.		Corp.	Employer	use only
03	3917 CLEV/JM2	000207			A	385
С	c Employer's name, address, and ZIP code					

CARE FOR SOUL INC 512 HIGGINS ROAD PARK RIDGE IL 60068

b	Employer's FED ID number	a Employee's SSA number				
	27-2716697		X	XX-XX	-3917	
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
			DD		7552.95	
14	Other	12b				
		12c				
		12d				
		13 5	Stat emp.	Ret. plan	3rd party sick pa	
				l		

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

KRUTIKA DESAI 9518 DEE RD APT 2F DES PLAINES IL 60016

15 State	Employer's state ID no.	16	State	wages, tips, etc.
IL	27-2716697 000 3			30795.25
17 State	income tax	18	Local	wages, tips, etc.
	1524.37			
19 Local	income tax	20	Local	ty name
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IL.State Filing Copy
Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax Ref

× 2023