

W-2 Federal Filing Copy Wage and Tax Statement **2023**
Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	22818.10	2 Federal income tax withheld	3085.15
3 Social security wages	23603.63	4 Social Security tax withheld	1463.43
5 Medicare wages and tips	23603.63	6 Medicare tax withheld	342.25

d Control number: _____ Employer use only

e Employer's name, address, and ZIP code
UNITED WHOLESAL E MORTGAGE LLC
585 SOUTH BLVD E
PONTIAC MI 48341

f Employer's FED ID number: 38-2750395
g Employee's SSA number: XXX-XX-2908
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
X

e Employer's name, address, and ZIP code
DARSHAN GAJJAR
10 BOBBINK TER
EAST RUTHERFORD NJ 07073

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

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

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10 Dependent care benefits: _____
11 Nonqualified plans: _____
12a See instructions for box 12
14 Other: _____
12b _____
12c DD 785.53
12d DD 746.30
13 Stat emp Ret. plan 3rd party sick pay
X

e Employer's name, address, and ZIP code
DARSHAN GAJJAR
10 BOBBINK TER
EAST RUTHERFORD NJ 07073

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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

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10 BOBBINK TER
EAST RUTHERFORD NJ 07073

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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement **2023**
Copy C for Employee Records

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UNITED WHOLESAL E MORTGAGE LLC
585 SOUTH BLVD E
PONTIAC MI 48341

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12a See instructions for box 12
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X

e Employer's name, address, and ZIP code
DARSHAN GAJJAR
10 BOBBINK TER
EAST RUTHERFORD NJ 07073

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19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2023 W-2 and EARNINGS SUMMARY 

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	23755.53	23755.53	23755.53
Less Exempt Wages			
Less Deferred Comp	785.53		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	151.90	151.90	151.90
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	22818.10 Box 1 of W-2	23603.63 Box 3 of W-2	23603.63 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0 SIT Res: NJSIT A 0 SIT Work: MISIT S 1

Page 2 of 2

UNITED WHOLESAL E MORTGAGE LLC
585 SOUTH BLVD E
PONTIAC MI 48341

Important Tax Document Enclosed

[12258701] [004946]
[143918] [004744]
[004946] 2 of 2

1/21/2024
First-Class Mail
Presorted
U.S. Postage Paid
Miami, FL
Permit 893

DARSHAN GAJJAR
10 BOBBINK TER
EAST RUTHERFORD NJ 07073

W-2 Federal Filing Copy Wage and Tax Statement **2023**
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b Employer's FED ID number 38-2750395	a Employee's SSA number XXX-XX-2908		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 5.81		
14 Other	12b D	785.53	
	12c DD	746.30	
	12d		
	13 Stat emp Ret. plan 1st party sick pay	X	
e Employer's name, address, and ZIP code DARSHAN GAJJAR 10 BOBBINK TER EAST RUTHERFORD NJ 07073			
15 State MI	Employer's state ID no. 38-2750395	16 State wages, tips, etc.	22818.10
17 State income tax	879.79	18 Local wages, tips, etc.	20991.20
19 Local income tax	209.94	20 Locality name	MIPNT

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2023 W-2 and EARNINGS SUMMARY 

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

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Less Deferred Comp			
Less Housing/Transportation	785.53		
Less Dependent Care			
Less Sec 125	151.90	151.90	151.90
Less Excess Wages			
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2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0 SIT Res: NJSIT A 0 SIT Work: MISIT S 1

Page 1 of 2

UNITED WHOLESAL MORTGAGE LLC
585 SOUTH BLVD E
PONTIAC MI 48341

[12258701] [004945]
[143918] [004744]
[004945] 1 of 2

1/21/2024
First-Class Mail
Presorted
U.S. Postage Paid
Miami, FL
Permit 893

DARSHAN GAJJAR
10 BOBBINK TER
EAST RUTHERFORD NJ 07073

2023 W-2 and EARNINGS SUMMARY

2023 W-2 AND EARNINGS SUMMARY

THIS SUMMARY SECTION IS INCLUDED WITH YOUR W-2 TO HELP DESCRIBE THIS PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT YOU MAY ALSO FIND HELPFUL.

Employee Reference Copy			
W-2		2023	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
10012927 V6K		V221	C S 602
c Employer's name, address, and ZIP code			
FITCH RATINGS INC 33 WHITEHALL STREET NEW YORK, NY 10004			
e/f Employee's name, address, and ZIP code			
DARSHAN GAJJAR 10 BOBBINK TERRACE EAST RUTHERFORD, NJ 07073			
b Employer's FED ID number	a Employee's SSA number		
13-3974563	XXX-XX-2908		
1 Wages, tips, other comp.	2 Federal income tax withheld		
7379.50	1113.84		
3 Social security wages	4 Social security tax withheld		
7846.04	478.44		
5 Medicare wages and tips	6 Medicare tax withheld		
7846.04	111.89		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 144.40		
14 Other	12b D 466.54		
35.38 NY EFLI	12c W 25.00		
2.60 NY SDI	12d DD 685.19		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NY	133974563 4	7379.50	
17 State income tax	18 Local wages, tips, etc.		
358.93			
19 Local income tax	20 Locality name		

GROSS PAY	7,775.64	SOCIAL SECURITY TAX WITHHELD BOX 4 OF W2	478.44
FED. INCOME TAX WITHHELD BOX 2 OF W2	1,113.84	MEDICARE TAX WITHHELD BOX 6 OF W-2	111.89
NY STATE INCOME TAX BOX 17 OF W2	358.93	SUI/SDI BOX 14 OF W2	2.60

YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W-2 STATEMENT.

WAGES, TIPS, OTHER COMPENSATION BOX 1 OF W2	
GROSS PAY	7,775.64
PLUS GTL (C-BOX12)	144.40
LESS 401(K) (D-BOX12)	466.54
LESS OTHER CAPE 125	49.00
REPORTED W-2 WAGES	7,379.50

EMPLOYEE W-4 PROFILE. TO CHANGE YOUR EMPLOYEE W-4 PROFILE INFORMATION, FILE A NEW W-4 WITH YOUR PAYROLL DEPARTMENT.

EMPLOYEE ID: 10012927

Social Security Number: XXX-XX-2908

DARSHAN GAJJAR
10 BOBBINK TERRACE
EAST RUTHERFORD, NJ 07073



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PAGE 1 OF 1

Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
7379.50	1113.84		
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7846.04	478.44		
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13-3974563	XXX-XX-2908		
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35.38 NY EFLI	12c W 25.00		
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35.38 NY EFLI	12c W 25.00		
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e/f Employee's name, address and ZIP code			
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W-2 Wage and Tax Statement **2023**
Copy B to be filed with employee's Federal Income Tax Return.

W-2 NY State Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's State Income Tax Return.

W-2 City or Local Filing Copy Wage and Tax Statement **2023**
Copy 2 to be filed with employee's City or Local Income Tax Return.

Wells Fargo Bank, N.A.
 MAC N9777-113
 P.O. BOX 5192
 SIOUX FALLS, SD 57117-5192

If you have questions contact:
 Tax Ops
 Phone: 18008693557



TEP00409159_4353_8705 1 of 2

DARSHAN GAJJAR
 JAGRUTIBEN K GAJJAR
 10 BOBBINK TER
 EAST RUTHERFORD, NJ 07073-1105

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the

instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040. Market discount on a tax-exempt security is includable in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization under section 171 that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4). The interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that the interest payment(s) were not to be included in your interest income, will be included in your interest income.

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that the interest payment(s) were not to be included in your interest income. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		OMB No. 1545-0112		Interest Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, N.A. MAC N9777-113 P.O. BOX 5192 SIOUX FALLS, SD 57117-5192		Payer's RTN (optional)	2023	
PAYER'S TIN 94-1347393		1 Interest income	\$ 23.42	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code DARSHAN GAJJAR JAGRUTIBEN K GAJJAR 10 BOBBINK TER EAST RUTHERFORD, NJ 07073-1105		2 Early withdrawal penalty	\$	Copy B For Recipient
RECIPIENT'S TIN XXX-XX-2908	FATCA filing requirement	3 Interest on U.S. Savings Bonds and Treasury obligations	\$	
Account number (see instructions) 000006539046158		4 Federal income tax withheld	\$	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 Investment expenses	\$	
		6 Foreign tax paid	\$	
		7 Foreign country or U.S. possession	\$	
		8 Tax-exempt interest	\$	
		9 Specified private activity bond interest	\$	
		10 Market discount	\$	
		11 Bond premium	\$	
		12 Bond premium on Treasury obligations	\$	
		13 Bond premium on tax-exempt bond	\$	
		14 Tax-exempt and tax credit bond CUSIP no.		15 State 16 State identification no. 17 State tax withheld
			NJ 941347393000WELL	\$

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

