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Nonqualified plans			10 Dependent care benefits	9	
	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12	11.6	10 Dependent care benefits
Other	126	14 Other	C 5.81	11 Nonqualified plans	12a See instructions for box 12
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Important Tax Document Enclosed

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Important Tax Document Enclosed

UNITED WHOLESALE MORTGAGE LLC 585 SOUTH BLVD E PONTIAC MI 48341 [12258701] [004945] [143918] [004744] [004945] 1 of 2 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

Employee Reference Copy Wage and Tax 20 2023 W-2 AND EARNINGS SUMMARY THIS SUMMARY SECTION IS INCLUDED WITH YOUR W-2 TO HELP DESCRIBE THIS Statement Copy C for employee's records. d Control number Dept. PORTION IN MORE DETAIL. THE REVERSE SIDE INCLUDES GENERAL INFORMATION THAT Corp. Employer use only YOU MAY ALSO FIND HELPFUL. 10012927 V6K V221 C S 602 GROSS PAY 7,775.64 SOCIAL SECURITY TAX c Employer's name, address, and ZIP code WITHHELD BOX 4 OF W2 FITCH RATINGS INC 33 WHITEHALL STREET FED. INCOME TAX 1,113.84 MEDICARE TAX NEW YORK, NY 10004 WITHHELD BOX 2 OF W2 WITHHELD BOX 6 OF W-2 NY STATE INCOME 358.93 SUI/SDI BOX 14 OF W2 TAX BOX 17 OF W2 e/f Employee's name, address, and ZIP code DARSHAN GAJJAR YOUR GROSS PAY WAS ADJUSTED AS FOLLOWS TO PRODUCE YOUR W-2 STATEMENT. 10 BOBBINK TERRACE EAST RUTHERFORD, NJ 07073 WAGES, TIPS, OTHER COMPENSATION BOX 1 OF W2 Employer's FED ID number a Employee's SSA number XXX-XX-2908 2 Federal income tax withheld 7,775.64 GROSS PAY PLUS GTL (C-BOX12) LESS 401(K) (D-BOX12) LESS OTHER CAFE 125 REPORTED W-2 WAGES 13-3974563 144.40 466.54 Wages, tips, other comp 7379.50 1113.84 49.00 3 Social security wages 4 Social security tax withhe 7846.04 478.44 EMPLOYEE W-4 PROFILE. TO CHANGE YOUR EMPLOYEE W-4 PROFILE INFORMATION, FILE A NEW W-4 WITH YOUR PAYROLL DEPARTMENT. 5 Medicare wages and tips 6 Medicare tax withheld 7846.04 111.89 EMPLOYEE ID: 10012927 Social security tips 8 Allocated tips 10 Dependent ... 12a See instructions for box 12 C | 144.40 12b D | 466.54 12c W | 25.00 685.19 1-rd party sick pa 11 Nonqualified plans Social Security Number: XXX-XX-2908 14 Other 35.38 NY EFLI 2.60 NY SDI DARSHAN GAJJAR 12c W I 12d DD I 13Stat emp. Ret, plan 3rd party X 10 BOBBINK TERRACE EAST RUTHERFORD, NJ 07073 15 State Employer's state ID no. 16 State wages, tips, etc. NY 133974563 7379.50 17 State income tax 18 Local wages, tips, etc. 358.93 19 Local income tax 20 Locality name © 2023 ADP. Inc. PAGE 1 OF 1 Fold and Detach Here 2 Federal Income tax withheld Wages, tips, other comp. 2 Federal income tax withheld Wages, tips, other comp. 1113.84 7379.50 7379.50 1113.84 4 Social security tax withhe Social security wages 7846.04 3 Social security wages 478.44 7846.04 478.44 Medicare wages and tips 7846.04 5 Medicare wages and tips 7846.04 tax withheld 111.89 111.89 Employer use only Control number Corn Control number Employer use only 10012927 V6K V221 CS 602 10012927 V6K V221 C S 602 c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code FITCH RATINGS INC FITCH RATINGS INC 33 WHITEHALL STREET NEW YORK, NY 10004 b Employer's FED ID number 13-3974563 a Employee's SSA numbe XXX-XX-2908

33 WHITEHALL STREET NEW YORK, NY 10004				
b Employer's FED ID number 13-3974563	a Employee's	SSA number X-XX-2908	b E	
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11 Nonqualified plans	12a C	144.40	11 N	
14 Other	12bD	466.54	14 (
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	12dDD	685.19		
	13Stat emp. Ret.	plan 3rd party sick pay		

of Employee's name, address and ZIP code

DARSHAN GAJJAR 10 BOBBINK TERRACE EAST RUTHERFORD, NJ 07073

	Employer's state ID no. 133974563 4	16 State wages, tips, etc. 7379.50
17 State income tax 358.93		18 Local wages, tips, etc.
19 Local	Income tax	20 Locality name

10 Dependent care benefits 12a See instructions for box 12

13 Stat emp. Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

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120 W _

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144.40

466.54

25.00

685.19

NY. State Filing Copy Wage and Tax Statement

THE PROTOCIOUS AND SOLD PROFITTION

1 Wages, tips, other co 7379		2 Federal income tax withheld 1113.84		
3 Social security wage 7846		4 Social security tax withheld 478.44		
5 Medicare wages and 7846	tips	6 Medica	re tax withheld 111.89	
d Control number 10012927 V6K	Dept.	Corp. V221	C S 602	

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FITCH RATINGS INC 33 WHITEHALL STREET NEW YORK, NY 10004

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		10 Dependent care benefits		
qualifie	d plans	12a C		144.40
14 Other 35.38 NY EFLI 2.60 NY SDI		12b D		466.54
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DARSHAN GAJJAR 10 BOBBINK TERRACE EAST RUTHERFORD, NJ 07073

15 State NY	Employer's state ID no. 133974563 4	16	State wages, tips, etc. 7379.50
17 State	income tax 358.93	18	Local wages, tips, etc.
19 Local	income tax	20	Locality name

City or Local Filing Copy Wage and Tax Statement

7 State income tax 35	.93
9 Local income tax	20 Locality name
W-2 ^w	Filing Copy ge and Tax statement 202 omp No. 1545-00 pployee's Federal Income Tax Return.

15 State Employer's state ID no. 16 State wages, tips, etc.

Social security tips

11 Nonqualified plans

35.38 NY EFLI 2.60 NY SDI

DARSHAN GAJJAR

NY 133974563

17 State income tax

10 BOBBINK TERRACE

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

EAST RUTHERFORD, NJ 07073

14 Other

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



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

Instructions for Recipient

TOT NECIPIENT

may be different for covered and noncovered securities. For a description of covered
titions for Form 8849. For a laxable covered security acquired at a premium, unless you
ng in accordence with Regulations section 1.6049-1.(n)(5) that you did not want to
der section 171, or for a tax-exempt covered security acquired at a premium, your pays
then (1) a net amount of interest that reflects the offset of the amount of interest paid to
eminum amortization allocable to the payment(1), one amount of interest paid to
eminum amortization allocable to the payment(1), only the original payment of the property
to the premium on a taxable covered security, then your payer will only report the gross
to you. For a noncovered security acquired at a premium, your payer is only required to
or interest paid to you.

report the gross amount of interest paid to you. For a noncovered security ecquired at a premium, your payer is only required to report the gross amount of interest paid to you. Recipient's expayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (socal security number (SSN), individual texpayer identification number (TIN), doption texpayer identification number (TIN), doption texpayer identification number (TIN), doption texpayer occupied to the second of t

quired at a premium.

8x 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this nount to figure your edjusted gross income on your income tax return. See the Instructions for Form 1040 to be where to take the deduction.

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 accently from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered sacurity acquired at a premium. Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish the correct INI 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 expanses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deducable.

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 abovs, See the

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

So 9 Shows the exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Box 9 Shows the exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Box 9 Shows the exempt of the security of the provided of the premium and the

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. OMB No. 1545-0112 Payer's RTN (optional) Interest Wells Fargo Bank, N.A. Income 1 Interest income MAC N9777-113 Form 1099-INT \$ 23.42 P.O. BOX 5192 2 Early withdrawal penalty SIOUX FALLS, SD 57117-5192 Сору В For Recipient RECIPIENT'S TIN 3 Interest on U.S. Savings Bonds and Treasury obligations PAYER'S TIN XXX-XX-2908 94-1347393 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code This is important tax 4 Federal income tax withheld 5 Investment expenses information and is being furnished to the DARSHAN GAJJAR IRS. If you are required to file a 7 Foreign country or U.S. possession 6 Foreign tax paid JAGRUTIBEN K GAJJAR return, a negligence 10 BOBBINK TER penalty or other sanction may be 8 Tax-exempt interest 9 Specified private activity bond interest EAST RUTHERFORD, NJ 07073-1105 imposed on you if this income is 11 Bond premium 10 Market discount taxable and the IRS determines that it has FATCA filing not been reported. requirement 12 Bond premium on Treesury 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 Account number (see instructions) 000006539046158 941347393000WELL \$ www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service (keep for your records) Form 1099-INT