## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records Corp. Employer use only 0000012524 UST CJDT C S 266

Employer's name, address, and ZIP code NORTHWESTERN MUTUAL LIFE **INSURANCE** 

720 E WISCONSIN AVE PO BOX3171 MILWAUKEE, WI 53201

e/f Employee's name, address, and ZIP code SOUMEN BAG W125S9398 PRAIRIE MEADOWS DR MUSKEGO, WI 53150

b Employer's FED ID number 39-0509570		a Employee's SSA number XXX-XX-5282			
1 Wages, tips, other comp.		2 Federal income tax withheld			
	146578.47		14201.30		
3 Social	security wages	4 Social	security tax withheld		
	156993.88		9733.62		
5 Medica	re wages and tips	6 Medica	re tax withheld		
	156993.88		2276.41		
7 Social	security tips	8 Allocat	ed tips		
		10 Dependent care benefits			
11 Nong	ualified plans	12a See in C	structions for box 12 304.00		
14 Other		12b D	10415.41		
		12c AA I	7677.76		
		12d DD1	14641.92		
		13 Stat emp.	Ret, plan 3rd party sick par		
15 State	Employer's state ID no	16 State	wages, tips, etc.		
WI 036 0000156695 06		146578.47			
17 State income tax 7494.73		18 Local	wages, tips, etc.		
19 Local income tax		20 Locality name			

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-5282

SOUMEN BAG W125S9398 PRAIRIE MEADOWS DR MUSKEGO, WI 53150

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PAGE 1 OF 1

		2 Federal income tax withheld			
	146578.47		14201.30		
	3 Social security wages 156993.88		4 Social security tax withheld 9733.62		
	5 Medicare wages and tips 156993.88		6 Medicare tax withheld 2276.41		
d Control number	Dept.	Corp.	Employer use only		
0000012524 UST		CJDT	C S 266		
c Employer's name, address, and ZIP code					

NORTHWESTERN MUTUAL LIFE INSURANCE 720 E WISCONSIN AVE PO BOX3171 MILWAUKEE, WI 53201

b Employer's FED ID number 39-0509570	a Employee's SSA number XXX-XX-5282
7 Social security tips	8 Allocated tips
<b>A</b>	10 Dependent care benefits
11 Nongualified plans	12a See instructions for box 12
	C   304.00
14 Other	<sup>12b</sup> D   10415.41
	<sup>12c</sup> AA   7677.76
	12d DD   14641.92
	13 Stat emp. Ret. plan 3rd party sick pay

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

SOUMEN BAG W125S9398 PRAIRIE MEADOWS DR MUSKEGO, WI 53150

15 State	Employer's state ID no.	16	State wages, tips, etc.
WI	Employer's state ID no. 036 0000156695 06	1	146578.47
17 State income tax		18	Local wages, tips, etc.
	7494.73		
19 Local	income tax	20	Locality name
		1	

Federal Filing Copy
Wage and Tax Statement OMB No. 1545-00 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 146578.47		2 Federal income tax withheld 14201.30		
3 Social security wages 156993.88		4 Social security tax withheld 9733.62		
5 Medicare wages and tips 156993.88		6 Medicare tax withheld 2276.41		
d Control number	Dept.	Corp.	Employer use only	
0000012524 UST		CJDT	C S 266	
c Employer's name, address, a		and ZIP co	ode	
NORTHWESTE	RN MU	TUAL LI	IFE	

**INSURANCE** 720 E WISCONSIN AVE PO BOX3171 MILWAUKEE, WI 53201

b	Employer's FED ID number 39-0509570	a Employee's SSA number XXX-XX-5282		
7	Social security tips	8 Allocated tips		
9		10 Dep	endent ca	re benefits
11	Nonqualified plans	12a		
		С		304.00
14	Other	<sup>12b</sup> D		10415.41
		12c AA		7677.76
				14641.92
		13Stat em	p. Ret. plan X	3rd party sick pay
<del></del>				

e/f Employee's name, address and ZIP code SOUMEN BAG W125S9398 PRAIRIE MEADOWS DR

MUSKEGO, WI 53150

15 State WI	Employer's state ID no. 036 0000156695 06	16	State wages, tips, etc. 146578.47
17 State income tax		18	Local wages, tips, etc.
	7494.73		
19 Local	income tax	20	Locality name

WI. State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other co		2 Federal income tax withheld 14201.30		
3	Social security wage 156993		4 Social security tax withheld 9733.62		
5	Medicare wages and 156993		6 Medica	are tax withheld 2276.41	
d	Control number	Dept.	Corp.	Employer use only	
	0000012524 UST		CJDT	C S 266	

c Employer's name, address, and ZIP code NORTHWESTERN MUTUAL LIFE INSURANCE 720 E WISCONSIN AVE PO BOX3171 MILWAUKEE, WI 53201

b Employer's FED ID number 39-0509570	a Employee's SSA number XXX-XX-5282  8 Allocated tips  10 Dependent care benefits	
7 Social security tips		
4		
11 Nonqualified plans	12a	
•	С	304.00
14 Other	<sup>12b</sup> D	10415.41
	12c AA	7677.76
	12d DD	14641.92
	13 Stat emp. Ret. plan 3rd party sick	
o/f Employee's name address	and ZID	codo

Employee's name, address and ZIP code SOUMEN BAG W125S9398 PRAIRIE MEADOWS DR

HERE	MUSI	KEGO, WI 53150		
	15 State   Employer's state ID no.   WI   036 0000156695 06			
ĕ	15 State	Employer's state ID no.	16	State wages, tips,
	WI	036 0000156695 06		14657

ı	15 State	Employer's state ID no.	16	State wages, tips, etc.
	WI	036 0000156695 06		146578.47
	17 State	income tax	18	Local wages, tips, etc.
		7494.73		
	19 Local	income tax	20	Locality name
	1			

or Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local income Ta