

Employee Reference Copy
W-2 Wage and Tax Statement 2023
 Copy C for employee's records.
 OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000011763 WMP		YABE	C S 10125

c Employer's name, address, and ZIP code
 VISA USA INC
 900 METRO CENTER BLVD
 FOSTER CITY, CA 94404

e/f Employee's name, address, and ZIP code
 AVINASH KARIMIKONDA
 2601 SCOFIELD RIDGE PRKWAY
 APT B228
 AUSTIN, TX 78727

b Employer's FED ID number	a Employee's SSA number
94-1721694	XXX-XX-6828

1 Wages, tips, other comp.	2 Federal income tax withheld
174526.52	31836.01

3 Social security wages	4 Social security tax withheld
160200.00	9932.40

5 Medicare wages and tips	6 Medicare tax withheld
174526.52	2530.63

7 Social security tips	8 Allocated tips

9	10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	C 190.06

14 Other	12b DD 9528.00
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X

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

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-6828

AVINASH KARIMIKONDA
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Federal Filing Copy
W-2 Wage and Tax Statement 2023
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008

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17 State income tax	18 Local wages, tips, etc.

19 Local income tax	20 Locality name

State Filing Copy
W-2 Wage and Tax Statement 2023
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008

1 Wages, tips, other comp.	2 Federal income tax withheld
174526.52	31836.01

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160200.00	9932.40

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City or Local Filing Copy
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