2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000016 KW/6JX

Employer's name, address, and ZIP code

CUBEXIT INC 17210 CAMELOT COURT SUITE 101 LAND O LAKES, FL 34638

Batch #92130

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

MAHESHWARI RAMINI 1125 HIDDEN RDG APPT 3089

IRVING, TX 75038 Employer's FED ID number a Employee's SSA number 87-1505848 XXX-XX-2608 Wages, tips, other comp. Federal income tax withheld 15500.00 1475.12 3 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 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

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 Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Box 5 of W-2

Gross Pay Reported W-2 Wages

15,500.00 15,500.00

15,500.00 0.00

15,500.00 0.00

2. Employee Name and Address.

MAHESHWARI RAMINI 1125 HIDDEN RDG APPT 3089 IRVING, TX 75038

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1 Wages, tips, other co	2 Federal income tax withheld 1475.12			
3 Social security wage	4 Social security tax withheld			
5 Medicare wages and	6 Medicare tax withheld			
d Control number	Dept.	Corp.	Employer	use only
000016 KW/6JX		Α	16	
C Employer's name a	ddress a	nd ZIP cod		

CUBEXIT INC 17210 CAMELOT COURT SUITE 101 LAND O LAKES, FL 34638

b	Employer's FED ID number 87-1505848	a Employee's SSA number XXX-XX-2608				
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				
e/f	Employee's name, address ar	nd ZIP code				

MAHESHWARI RAMINI 1125 HIDDEN RDG APPT 3089 IRVING, TX 75038

15	State	Employer's	state ID no.	16 State	wages, tips, etc.
17	State	income tax	·	18 Loca	I wages, tips, etc.
19	Local	income tax		20 Local	ity name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 15500.00			2 Federal income tax withheld 1475.12			
3 Social security wages			4 Social security tax withheld			
5 Medicare wages and tips			6 Medicare tax withheld			
d	Control	number	Dept.	Corp.	Employer	use only
000016 KW/6JX				Α	16	

CUBEXIT INC COURT SUITE 101 17210 CAMELOT LAND O LAKES, FL 34638

b	Employer's FED ID number 87-1505848	a Employee's SSA number XXX-XX-2608				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

MAHESHWARI RAMINI 1125 HIDDEN RDG **APPT 3089** IRVING, TX 75038

L						
	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

State Reference Wage and Tax Statement

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

1	Wages, tips, other comp. 15500.00			2	Federa	income tax	withheld 475.12
3	Social security wages			4 Social security tax withheld			withheld
5	Medicare wages and tips			6	Medica	re tax withhe	eld
d	Control	number	Dept.		Corp.	Employer	use only
00	0016	KW/6JX				Α	16

c Employer's name, address, and ZIP code

CUBEXIT INC 17210 CAMELOT COURT SUITE 101 LAND O LAKES, FL 34638

b	Employer's FED ID number 87-1505848	a Employee's SSA number XXX-XX-2608				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

MAHESHWARI RAMINI 1125 HIDDEN RDG **APPT 3089** IRVING, TX 75038

		,			
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

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return