## 2023 W-2 and EARNINGS SUMMARY

W-2 Wage a Stater	nd Tax 2023	portion in more deta:	is included with your il. The reverse side : lpful. The following : by your employer.	includes general info	rmation that
d Control number Dept. 0000032932 RP1 130310	Corp. Employer use only AJX5 A C S 17102	GROSS PAY	5,213.74	SOCIAL SECURITY TAX WITHHELD	0.00
UNIVERSITY OF NOR 1112 DALLAS DRIVE DENTON, TX 76205	and ZIP code	FED. INCOME TAX WITHHELD BOX 02 OF W-2	71.45	BOX 04 OF W-2 MEDICARE TAX WITHHELD BOX 06 OF W-2	0.00
DENTON, 1X 70203		STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2	0.00	SUI/SDI BOX 14 OF W-2	0.00
eff Employee's name, address GOWTHAM YENIGA 357 E CORPORATE DI LEWISVILLE, TX 7506	LLA R APT 1412	202 15 07 412			
b Employer's FED ID number	a Employee's SSA number				
75-6002149 1 Wages, tips, other comp.	2 Federal income tax withheld				
5213.74 3 Social security wages	71,45 4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
	8 Allocated tips		ge your employee W-4 pe a new W-4 with your		
7 Social security tips		1110	a new w-4 with your	Payrorr department	
Pulk a pull a pul	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12	COMPLIAN VENIC	ALLA	Social Security	Number: XXX-XX-6700
14 Other	12b	GOWTHAM YENIG			
	13 Stat emp. Ret, plan 3rd party sick pay	LEWISVILLE, TX 75	6067-8721		
15 State Employer's state ID no	o. 16 State wages, tips, etc.				
17 State income tax	16 Local wages, tips, etc.				
19 Local income tax	20 Locality name	© 2023 ADP, Inc.			
			PAGE 1 OF 1	1	
1 Wages, tips, other comp. 5213.74	2 Federal income tax withheld 71.45	1 Wages, tips, other comp. 5213.74	2 Federal income tax withheld 71.45	1 Wages, tips, other comp. 5213.74	2 Federal income tax withhe 71.45
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withhel
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use or
0000032932 RP1 130310	1,10,10	0000032932 RP1 130310	AJX5 A C S 17102	0000032932 RP1 130310	
c Employer's name, address, UNIVERSITY OF NOR 1112 DALLAS DRIVE DENTON, TX 76205	TH TEXAS	c Employer's name, address, a UNIVERSITY OF NOR 1112 DALLAS DRIVE DENTON, TX 76205	TH TEXAS	c Employer's name, address, UNIVERSITY OF NOR 1112 DALLAS DRIVE DENTON, TX 76205	RTH TEXAS
b Employer's FED ID number 75-6002149 7 Social security tips	a Employee's SSA number XXX-XX-6700  8 Allocated tips	b Employer's FED ID number 75-6002149 7 Social security tips	a Employee's SSA number XXX-XX-6700 8 Allocated tips	b Employer's FED ID number 75-6002149 7 Social security tips	a Employee's SSA number XXX-XX-6700 8 Allocated tips
Seasonsensone	10 Dependent care benefits	27000000000000000000000000000000000000	10 Dependent care benefits	O NOTICE AND DESCRIPTION	10 Dependent care benefits
AT SHARE THE THE THE THE THE TAKE THE THE THE THE TAKE T		W. R. St. Lett. W. R. Lett. H. W. M.	12-	11 Nonqualified plans	12a
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a		
	12a See instructions for box 12	11 Nonqualified plans	12a	14 Other	12b
	10 (15 cm) In White Control of the Control	1 White Land Section 1			12b
	12b   12c   12d	1 White Land Section 1	12b   12c   12d		12c
14 Other	12b   12c   12d   13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b   12c   12d   13Stat emp. Ret. plan 3rd party sick pay	14 Other	12d 13 Stat emp. Ret. plan 3rd party sici
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay and ZIP code LLA R APT 1412	1 White Land Section 1	12b   12c   12d   13Stat emp. Ret. plan 3rd party sick pay and ZIP code		12c   12d   13 Stat emp. Ret. plan 3rd party sic and ZIP code
eff Employee's name, address GOWTHAM YENIGAI 357 E CORPORATE DI LEWISVILLE, TX 7506	12b   12c   12d   13 Stat emp. Ret. pian 3rd party sick pay and ZIP code LLA R APT 1412	eff Employee's name, address GOWTHAM YENIGAL 357 E CORPORATE DR	12b   12c   12d   13Stat emp. Ret. plan 3rd party sick pay and ZIP code LA RAPT 1412 7-8721	e/f Employee's name, address GOWTHAM YENIGA 357 E CORPORATE DI	12c   12d   13 Start emp. Ret. plan 3rd party sion and ZIP code LLA RAPT 1412
eif Employee's name, address GOWTHAM YENIGAI 357 E CORPORATE DI LEWISVILLE, TX 7506	12b   12c   12d   13 Stat emp. Ret. pian 3rd party sick pay and ZIP code LLA R APT 1412	eff Employee's name, address GOWTHAM YENIGAL 357 E CORPORATE DF LEWISVILLE, TX 7506	12b   12c   12d   13Stat emp. Ret. plan 3rd party sick pay and ZIP code LA RAPT 1412 7-8721	e/f Employee's name, address GOWTHAM YENIGAL 357 E CORPORATE DI LEWISVILLE, TX 7506	12c   12d   13 Start emp. Ret. plan 3rd party sion and ZIP code LLA RAPT 1412
357 E CORPORATE DI	12b   12c   12d   13 Stat emp. Ret. pian 3rd party sick pay and ZIP code LLA R APT 1412 7-8721 D. 16 State wages, tips, etc.	elf Employee's name, address GOWTHAM YENIGAL 357 E CORPORATE DR LEWISVILLE, TX 7506	12b   12c   12d   13Stat emp Ret. plan 3rd party sick pay and ZIP code LA 2 APT 1412 7-8721 16 State wages, tips, etc.	e// Employee's name, address GOWTHAM YENIGA 357 E CORPORATE DI LEWISVILLE, TX 7506	12c   12d   13 Stat emp. Ret. plan 3rd party sici and ZIP code LLA R APT 1412 7-8721 p. 16 State wages, tips, etc.

## 2022 W-2 and EARNINGS SUMMARY

Copy C for employee's reco	age a	nd Tax			
d Control number	Dept.	Corp.	Employer use only		
0000032932 RP1 Employer's name, a	163710	AJX5	AC S 16377		
UNIVERSITY O 1112 DALLAS DENTON, TX 7	DRIVE	TH TEXA SUITE 4	AS 1000		
elf Employee's name, GOWTHAM YI 1407 BERNARD DENTON, TX 76	ST AP	LA T 1019	code		
b Employer's FED ID 75-600214		a Emplo	yee's SSA number XXX-XX-6700		
1 Wages, tips, other co 3933	mp. .48	2 Federal income tax withheld			
3 Social security wage 287		4 Social	security tax withheld 17.81		
5 Medicare wages and 287		6 Medicare tax withheld 4.17			
7 Social security tips		8 Allocated tips			
		10 Depe	ndent care benefits		
11 Nonqualified plans		12a See in	structions for box 12		
14 Other		12b			
		12c			
		13 Stat emp	. Ret, plan 3rd party elck pay		
15 State Employer's s	tate ID no	. 16 State	wages, tips, etc.		
17 State income tax		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			
1 Wages, tips, other co		2 Federa	l income tax withheld		
3 Social security wage 287	5	4 Social security tax withheld 17.81			
5 Medicare wages and		6 Medicare tax withheld 4.17			
The state of the s			Employer use only		

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. The following reflects your final pay stub, plus any

,	adjustments made by your	employer.		
	GROSS PAY	3,933.48	SOCIAL SECURITY TAX WITHHELD	17.81
			BOX 04 OF W-2	
	FED. INCOME	0.00	MEDICARE TAX	4.17
	TAX WITHHELD		WITHHELD	
	BOX 02 OF W-2		BOX 06 OF W-2	
	STATE INCOME TAX	0.00	SUI/SDI	0.00
	BOX 17 OF W-2		BOX 14 OF W-2	
	LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-6700

2 Federal income tax withheld

4 Social security tax withheld

Employer use only

AC S 16377

**GOWTHAM YENIGALLA** 1407 BERNARD ST APT 1019 **DENTON, TX 76201-7186** 



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PAGE 1 OF 1

1 Wages, tips, other c		2 Federal income tax withheld		1 Wages, tips, other comp. 3933.48	2 Federal incom	
3 Social security wages 287.30		4 Social security tax withheld 17.81		3 Social security wages 287.30	4 Social security	
5 Medicare wages and 287	tips 7.30	6 Medica	are tax withheld 4.17	5 Medicare wages and tips 287.30	6 Medicare tax	
d Control number	Dept.	Corp.	Employer use only	d Control number Dept.	Corp. Emp	
0000032932 RP1	163710	AJX5	AC S 16377	0000032932 RP1 163710	AJX5 AC	
UNIVERSITY ( 1112 DALLAS DENTON, TX	DE NORT	H TEXA	AS	c Employer's name, address, UNIVERSITY OF NOI 1112 DALLAS DRIVE DENTON, TX 76205	RTH TEXAS	
b Employer's FED III	number	a Emplo	yee's SSA number XXX-XX-6700	b Employer's FED ID numbe 75-6002149	a Employee's S	
7 Social security tips		8 Alloca		7 Social security tips	8 Allocated tips	
CONSISSION OF THE PARTY OF THE	DER CONTRACTOR DE CONTRACTOR D	10 Depe	ndent care benefits	20000000000000	10 Dependent c	
11 Nonqualified plans		12a See in	nstructions for box 12	11 Nonqualified plans	12a	
14 Other		12b		14 Other	12b	
		12c			12c	
		12d			12d	
		13 Stat emp	Ret plan 3rd party sick pay		13Stat emp. Ret. pla	
GOWTHAM Y 1407 BERNARI DENTON, TX 7	ENIGALI	1019	ode	e/f Employee's name, address GOWTHAM YENIGA 1407 BERNARD ST A DENTON, TX 76201-7	LLA PT 1019	
15 State Employer's	state ID no.	16 State	wages, tips, etc.	15 State Employer's state ID r	o. 16 State wages,	
17 State income tax		18 Local	wages, tips, etc.	17 State income tax	18 Local wages	
19 Local income tax		20 Local	lity name	19 Local income tax	20 Locality nam	
W-2 Federa	Filing lage and Statemo	d Tax	2022	W-2 Wage a State Copy 2 to be filed with employee's State	ment 2	

1 Wages, tips, other comp. 3933.48		2 Federal income tax withheld		1 Wages	1 Wages, tips, other comp. 3933.48		2 Federal income tax withh	
3 Social security wages 287.30		4 Social security tax withheld 17.81		3 Social security wages 287.30		4 Social security tax withhout 17,81 6 Medicare tax withheld 4.17		
	Medicare wages and tips 287.30 6 Medicare tax withheld 4.17		5 Medicare wages and tips 287.30					
d Control number	Dept.	Corp.	Employer use only	d Cont	ol number	Dept.	Corp.	Employer use of
0000032932 RP1	163710	AJX5	AC S 16377		32932 RP1	163710	AJX5	ACS 1637
c Employer's name, a UNIVERSITY O 1112 DALLAS DENTON, TX 7	F NOR	TH TEXA	s	UNI 111	yer's name, VERSITY 2 DALLAS ITON, TX	OF NOR	TH TEX	AS
b Employer's FED ID 75-600214	number	a Employ	ree's SSA number XXX-XX-6700	b Emplo	75-60021		a Emplo	yee's SSA number
7 Social security tips		8 Allocated tips		7 Social security tips		8 Allocated tips		
DESCRIPTION OF THE PARTY OF THE	AD 6 40	10 Dependent care benefits		**************************************		10 Dependent care benefit		
11 Nonqualified plans		12a		11 Nonqualified plans		12a		
14 Other		12b		14 Other		12b		
							12c	
		12d					12d	
		13Stat emp.	Ret. plan 3rd party sick pay				13 Stat em	p. Ret. plan 3rd party s
e/f Employee's name, GOWTHAM YE 1407 BERNARD DENTON, TX 76	ST AP	LA T 1019	ode	GOW 1407	Oyee's name THAM Y BERNAR TON, TX	ENIGAL D ST AP	LA T 1019	code
15 State Employer's s	tate ID no	16 State	wages, tips, etc.	15 State	Employer's	state ID no	16 State	wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		
19 Local income tax	9 Local income tax 20 Locality name		19 Local income tax		20 Locality name			
WW-	age ar Staten	d Tax nent	2022 OMB No. 1545-0008	W Copy 2 to 1	-2	Vage an Stater	nd Tax nent	Copy 202 OMB No. 1545-00

b Employer's FED ID number 75-6002149	a Employee's SSA number XXX-XX-6700
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret plan 3rd party sick par
eff Employee's name, address GOWTHAM YENIGAL 1407 BERNARD ST AP DENTON, TX 76201-71	LLA PT 1019

7-2 City or Local Filing Copy Wage and Tax Statement Statement y 2 to be filed with employee's City or Local Income Tax Re