### 2023 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record: Control number Employer use only Corp. SANF/IFL 075200 001 Employer's name, address, and ZIP code

XORIANT CORPORATION 1248 REAMWOOD AVE **SUNNYVALE CA 94089** 

#### Batch #02099

e/f Employee's name, address, and ZIP code **MEHER CHARIT IMMADI 106 FLATIRON COURT EDISON NJ 08820** 

Emplo		а	Empl			
18/		1				
wage		-	Fede	rai	income	
	41498.42					5561.35
Social	security wages	4	Socia	al s	security	tax withheld
	41498.42					2572.90
Medic	are wages and tips	6	Medic	cai	re tax wi	thheld
	41498.42					601.73
Social	security tips	8	Alloc	ate	ed tips	
9		10	Deper	nde	ent care	benefits 30.03
Nonqu	alified plans	12				
		L.		<u> </u>		<u>3805.08</u>
Other			-	<u></u>		
	174.68 UI/WF/SWF			<u>_</u>		
	25.70 FLI		~			
		13	Stat er	np.	Ret. plan	3rd party sick pay
State	Employer's state ID no	16	State	w	ages, tip	s, etc.
NJ 770250875/000		42830.80			42830.80	
17 State income tax			Local	w	ages, tip	s, etc.
		- 1			-	
	1933.51					
	Wage: Social Medic Social Nonqu Other	Medicare wages and tips 41498.42 Social security tips  Nonqualified plans  Other 174.68 U/WF/SWF 25.70 FLI  State Employer's state ID no 770250875/000	T77-0250875   Vages, tips, other comp.   2	T7-0250875   2 Federal   T498.42   2   Social security wages	T7-0250875   T7-0250875   T7-0250875   T7-0250875   T7-0250875   T7-0250875   T7-0250875   T7-0250875/000   T7-0250875/000	T7-0250875

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 Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
42,830.80	42,830.80	42,830.80	42,830.80
11.00	11.00	11.00	N/A
30.03	30.03	30.03	N/A
1,291.35 <b>41,498.42</b>	1,291.35 <b>41,498.42</b>	1,291.35 <b>41,498.42</b>	N/A <b>42,830.80</b>
	Compensation Box 1 of W-2 42,830.80 11.00 30.03 1,291.35	Compensation Box 1 of W-2 Wages Box 3 of W-2  42,830.80 42,830.80  11.00 11.00  30.03 30.03  1,291.35 1,291.35	Compensation Box 1 of W-2         Wages Box 3 of W-2         Wages Box 5 of W-2           42,830.80         42,830.80         42,830.80           11.00         11.00         11.00           30.03         30.03         30.03           1,291.35         1,291.35         1,291.35

2. Employee Name and Address.

# MEHER CHARIT IMMADI 106 FLATIRON COURT EDISON NJ 08820

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1	1 Wages, tips, other comp. 41498.42			2 Federa	al income tax withheld 5561.35	
3	3 Social security wages 41498.42			4 Social	security tax withheld 2572.90	
5	5 Medicare wages and tips 41498.42			6 Medica	are tax withheld 601.73	
d	d Control number De		Dept.	Corp.	Employer use only	
075200 SANF/IFL 001			Α			
c	C Employer's name address and ZIP code					

XORIANT CORPORATION 1248 REAMWOOD AVE SUNNYVALE CA 94089

b	Employer's FED ID number 77-0250875	a Employee's SSA number XXX-XX-6234			
7	Social security tips	8 Alloc	ated tips		
9		10 Dependent care benefits 30.03			
11	Nonqualified plans	12a See DD		ns for box 12 3805.08	
14	Other	12b	1		
	174.68 UI/WF/SWF	12c	i		
	25.70 FLI	12d	ĺ		
		13 Stat em	np. Ret. plan	3rd party sick pay	
e/f Employee's name, address and ZIP code					

#### MEHER CHARIT IMMADI **106 FLATIRON COURT** EDISON NJ 08820

15 S <b>N</b> J	tate J	Employer's state ID no. 770250875/000	16 State wages, tips, etc. 42830.80
17 State income tax 1933.51			18 Local wages, tips, etc.
19 L	.ocal	income tax	20 Locality name
		Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu

1 Wages, tips, other comp. 41498.42			2 Federa	al income tax withheld 5561.35
3 <b>S</b>	3 Social security wages 41498.42			security tax withheld 2572.90
5 <b>M</b>	Medicare wages and tips 41498.42		6 Medica	are tax withheld 601.73
d Co	ontrol number	Dept.	Corp.	Employer use only
07520	00 SANF/IFL	001		Α
c Employer's name, address, and ZIP code				

**XORIANT CORPORATION** 1248 REAMWOOD AVE SUNNYVALE CA 94089

Employer's FED ID number 77-0250875	a Employee's SSA number XXX-XX-6234		
Social security tips	8 Allocated tips		
	10 Dependent care benefits 30.03		
Nonqualified plans	12a DD 3805.08		
Other	12b		
174.68 UI/WF/SWF	12c		
25.70 FLI	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	77-0250875 Social security tips  Nonqualified plans  Other  174.68 UIWF/SWF		

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

#### **MEHER CHARIT IMMADI 106 FLATIRON COURT** EDISON NJ 08820

15 State	Employer's state ID 770250875/000	no. 16 State	wages, tips, etc. 42830.80
	income tax		wages, tips, etc.
	1933.51		
19 Loca	income tax	20 Locali	ty name
	NJ.State	Reference	Сору
I			

I_2	Wage	and	Tax	2023 OMB No. 1545-000
<i> </i>	Statem	ent		
2 to he filed with	employee's	State Inco	me Tax	Return

1	1 Wages, tips, other comp. 41498.42			Federa	l income tax withheld 5561.35
3	3 Social security wages 41498.42			Social	security tax withheld 2572.90
5 Medicare wages and tips 41498.42			6	Medica	are tax withheld 601.73
d	Control number	Dept.		Corp.	Employer use only
07	5200 SANE/IFI	001			Α

c Employer's name, address, and ZIP code

## XORIANT CORPORATION 1248 REAMWOOD AVE SUNNYVALE CA 94089

b	Employer's FED ID number 77-0250875	a Employee's SSA number XXX-XX-6234		
7	Social security tips	8 Allocated tips		
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11	Nonqualified plans	12a DD	3805.08	
14	Other	12b	1	
	174.68 UI/WF/SWF	12c		
	25.70 FLI	12d		
		13 Stat e	mp. Ret. plan 3rd party sick pay	

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15 State NJ	Employer's state ID no. 770250875/000	16 State wages, tips, etc. 42830.80			
17 State	income tax 1933.51	18 Local wages, tips, etc.			
19 Local	income tax	20 Locality name			
N.I. State Filing Conv					

Wage and Statement

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