2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Batch #05766

copy c for employee stecords.					
d Control number	Dept.	Corp.	Employer	use only	
000284 ATLA/UMM			T	1:	
Employer's name, a	ddress. a	nd ZIP cod	е		

SIGNATURE IT SOLUTIONS 11020 DAVID TAYLOR DRIVE

CHARLOTTE NC 28262

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

HARSHITH BONDADA 230 LUDLOW AVENUE APT #12

CINCINNATI OH 45220

		IVAII			,						
b	Emplo	yer's FED	ID numl	ber	а	Emplo	оує	e's SS	Α	numb	er
		46-5672	2722		XXX-XX-2325		<u> </u>				
1	Wages	s, tips, othe	er comp).	2 Federal income tax withheld		nheld				
		1	7000.	00						245	0.12
3	Social	security w	vages		4	Socia	l s	ecurity	ta	ax with	held
		1	7000.	00						105	4.00
5	Medica	are wages	and tips	s	6	Medic	are	tax w	ith	held	
		1	7000.	00						24	6.50
7	Social	security ti	ps		8	Alloca	ite	d tips			
9					10	Depen	de	nt care	b	enefits	i
11 Nonqualified plans		12	See in	str	uctionsf	or	box 12				
					12l)					
14	Other			Ī	120	;					
				Ī	120	i	ı				
					13	Stat er	np.	Ret. pla	n3	rd party	y sick pay
15	State	Employer's	state	ID no.	16	State	wa	iges, ti	ps,	etc.	
C	H	54-0276	763						1	L700	0.00
17	State i	income tax			18	Local	w	ages, ti	ps	, etc.	
			534.	36							
19 Local income tax		20	Locali	ity	name						

17000.00 Social security wages 17000.00 1054.00 Medicare wages and tips 17000.00 246.50 Employer use only 000284 ATLA/UMM

Employer's name, address, and ZIP code

SIGNATURE IT SOLUTIONS I 11020 DAVID TAYLOR DRIVE CHARLOTTE NC 28262

b	Employer's FED ID number 46-5672722	a Employee's SSA number XXX-XX-2325
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

HARSHITH BONDADA 230 LUDLOW AVENUE APT #12 CINCINNATI OH 45220

		16 State wages, tips, etc.	
ОН	54-0276763	17000.00	
17 State	income tax	18 Local wages, tips, etc.	
	534.36		
19 Local	income tax	20 Locality name	
Fadanal Filian Oana			

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

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	Social Security	Medicare	OH. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Reported W-2 Wages	17,000.00	17,000.00	17,000.00	17,000.00
	17,000.00	17,000.00	17,000.00	17,000.00

2. Employee Name and Address.

HARSHITH BONDADA 230 LUDLOW AVENUE APT #12 **CINCINNATI OH 45220**

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17 State income tax

19 Local income tax

1	Wages, tips, other comp. 17000.00	2 Federal income tax withheld 2450.12				
3	Social security wages 17000.00	4 Social security tax withheld 1054.00				
5	Medicare wages and tips 17000.00	6 Medicare tax withheld 246.50				
d	Control number Dept.	Corp. Employer use only				
00	0284 ATLA/UMM	T 11				
С	Employer's name, address, ar	nd ZIP code				
SIGNATURE IT SOLUTIONS I NC 11020 DAVID TAYLOR DRIVE CHARLOTTE NC 28262						
b	Employer's FED ID number 46-5672722	a Employee's SSA number XXX-XX-2325				
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						
HARSHITH BONDADA 230 LUDLOW AVENUE APT #12 CINCINNATI OH 45220						
15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-0276763 17000.00						
	11 J4-02/0/03	17000.00				

Ĺ	17000.00	2450.12			
3	Social security wages 17000.00	4 Social security tax withheld 1054.00			
5	Medicare wages and tips 17000.00	6 Medicare tax withheld 246.50			
d	Control number Dept.	Corp. Employer use only			
00	0284 ATLA/UMM	T 11			
С	Employer's name, address, a	nd ZIP code			
	NC 11020 DAVID TA CHARLOTTE NO	28262			
b	Employer's FED ID number 46-5672722	a Employee's SSA number			
7	Social security tips	XXX-XX-2325 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			
eff Employee's name, address and ZIP code HARSHITH BONDADA 230 LUDLOW AVENUE APT #12 CINCINNATI OH 45220					
	State Employer's state ID no. 54-0276763	16 State wages, tips, etc. 17000.00			
17	State income tax 534.36	18 Local wages, tips, etc.			
19	Local income tax	20 Locality name			

2 Federal income tay withheld

18 Local wages, tips, etc.

20 Locality name

OH.State Reference

Statement

Copy 2 to be filed with employee's State Incor

Wage and Tax

OH.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Incom