2023 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy Office Industrial S

THINK FORCE 360 LLC 8600 FREEPORT PWKY SUITE 310 IRVING, TX 75063

Batch #91363

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

MAHESH KOMMALAPATI 4124 BUCKNER AVENUE IRVING, TX 75063

b	Employer's FED ID number 85-0945995			a Employee's SSA number XXX-XX-1420							
1	Wages, tips, oth	er comp.	2	Feder	al	income	tax with	held			
	35000.00			3185.28							
3	Social security v	wages	4	Socia	l s	security	tax with	held			
5	Medicare wages	and tips	6	Medic	are	e tax wi	thheld				
7	Social security t	8 Allocated tips									
9			10	Depen	de	nt care	benefits				
11	Nonqualified plans		12a See instructions for box 12								
11	Other		12								
14			120	0							
			120	d							
			13	Stat er	np.	Ret. plan	3rd party	sick pay			
15	State Employer's	s state ID no.	. 16	State	Wa	ages, tip	s, etc.				
17	State income tax	:	18	Local	W	ages, tip	s, etc.				
19	Local income ta	x	20	Local	ity	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 S Compensation W Box 1 of W-2 B

Social Security Wages Box 3 of W-2

3185.28

Medicare Wages Box 5 of W-2

Gross Pay

Reported W-2 Wages

35,000.00 **35,000.00** 35,000.00 **0.00** 35,000.00 **0.00**

2. Employee Name and Address.

35000.00

MAHESH KOMMALAPATI 4124 BUCKNER AVENUE IRVING, TX 75063

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1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 3185.28					
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					
000054 R3/9N3	A 14					
IRVING, TX 750	a Employee's SSA number					
85-0945995	XXX-XX-1420					
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 a	nd ZIP code					

MAHESH KOMMALAPATI 4124 BUCKNER AVENUE IRVING, TX 75063

17 State income tax

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc.

Federal Filing Copy

Wage and Tax

Statement

Copy B to be filed with employee's Federal Income Tax Return.

18 Local wages, tips, etc.

20 Locality name

3 Social security wages	4 Social security tax withheld						
5 Medicare wages and tips	6 Medicare tax withheld						
d Control number Dept.	Corp.	Employ	er use only				
000054 R3/9N3		Α	14				
c Employer's name, address, a	nd ZIP cod	е					
THINK FORCE 360 LLC 8600 FREEPORT PWKY SUITE 310 IRVING, TX 75063							
Employer's FED ID number 85-0945995 a Employee's SSA number XXX-XX-1420							
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
11 Nonqualified plans	12 a						
14 Other	12b						
	12c						
	12d						
	13 Stat emp	Ret. plan	3rd party sick pay				
e/f Employee's name, address and ZIP code							
MAHESH KOMMALAPATI 4124 BUCKNER AVENUE IRVING, TX 75063							
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 Copy							
W-2 Wage and Tax 2023							
Copy 2 to be filed with employee's State Income Tax Return.							

1	Wages, tips, other comp. 35000.00			2 Federal income tax withheld 3185.28						
3	Social security wages		4 Social security tax withheld						neld	
5	Medicare wages and tips		6 Medicare tax withheld							
d	Control number De	pt.		Corp.	T	Employ	/er	use	only	
00	0054 R3/9N3					Α			14	
С	Employer's name, address	, aı	nd 2	ZIP cod	de					
8600 FREEPORT PWKY SUITE 310 IRVING, TX 75063										
b	Employer's FED ID number 85-0945995 a Employee's SSA number XXX-XX-1420									
7	Social security tips		8 Allocated tips							
9			10	Depen	der	nt care	ben	efits		
11	Nonqualified plans	~~~~	12	1	ı					
14	Other		121)						
			120	:						
			120	i						
			13	Stat er	np.	Ret. plan	3rd	party	sick pay	
e/f Employee's name, address and ZIP code										
MAHESH KOMMALAPATI 4124 BUCKNER AVENUE IRVING, TX 75063										

15 State Employer's state ID no. 16 State wages, tips, etc.

City or Local Reference

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return

Wage and Tax

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax