2023 W-2 and EARNINGS SUMMARY



W-	Employee W			
d Control		Dept.	Corp.	Employer use only
000012	RL/NL5			Α
c Emplo	ver's name. a	ddress. a	nd ZIP cod	le

SARRALLE USA INC 1110 MONTLIMAR DRIVE SUITE 555 MOBILE, AL 36608

Batch #91557

6215.92

1453.72

eff Employee's name, address, and ZIP code

JOSE MANUEL CAMACHO PEREZ

150 DU RHU DRIVE

APARTMENT 1003

100256.78 621

5 Medicare wages and tips 100256.78 6 Medicare tax withheld 145
7 Social security tips 8 Allocated tips

urity tips 8 Allocated tips

10 Dependent care benefits

3840.29
19 Local income tax 20 Locality name

1 Wages, tips, other comp. 95232.98 2 Federal income tax withheld 14852.43
3 Social security wages 100256.78 4 Social security tax withheld 6215.92
5 Medicare wages and tips 100256.78 6 Medicare tax withheld 1453.72
d Control number Dept. Corp. Employer use only A

SARRALLE USA INC 1110 MONTLIMAR DRIVE SUITE 555 MOBILE, AL 36608

Employer's name, address, and ZIP code

b	Employer's FED ID number 46-2705839	a Employee's SSA number XXX-XX-3130							
7	Social security tips	8 Alloca	ted tips						
9		10 Depen	dent care	benefits					
11	Nonqualified plans	12a See i D	nstruction	s for box 12 5023.80					
14	Other	12b							
	16080.00 MEALS	12c							
		12d							
		13 Stat em	p.Ret.plan	3rd party sick pay					
e/f	Employee's name, address an	nd ZIP cod	le						

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

JOSE MANUEL CAMACHO PEREZ 150 DU RHU DRIVE APARTMENT 1003 MOBILE, AL 36670

| 15 | State | Employer's state ID no. | 16 State wages, tips, etc. | 95232.98 | | 17 | State income tax | 3840.29 | | 19 | Local income tax | 20 Locality name | |

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 AL. State Wages, Compensation Wages Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2 100,256.78 100,256.78 100,256.78 100,256.78 Gross Pay **Less** 401(k) (D-Box 12) 5,023.80 N/A N/A 5,023.80 Reported W-2 Wages 95,232.98 100,256.78 100,256.78 95,232.98

2. Employee Name and Address.

JOSE MANUEL CAMACHO PEREZ 150 DU RHU DRIVE APARTMENT 1003 MOBILE, AL 36670

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APARTMENT 1003

MOBILE, AL 36670

17 State income tax

19 Local income tax

1 Wages, tips, other comp. 95232.98		2 Federal income tax withheld 14852.43							
3 Social security wages 100256.78		4 Social security tax withheld 6215.92							
5 Medicare wages and tips 100256.78			6 Medicare tax withheld 1453.72						
d	Control number	Dept.	Corp.	T	Employ	er use only			
00	0012 RL/NL5				Α				
С	Employer's name, a	ddress, ar	nd ZIP co	de					
SUITE 555 MOBILE, AL 36608									
b Employer's FED ID number 46-2705839			a Employee's SSA number XXX-XX-3130						
7 Social security tips			8 Allocated tips						
9			10 Deper	nde	ent care	benefits			
11	Nonqualified plans		12a D	ĺ		5023.80			
14	Other		12b	Π					
	16080.00 MEALS		12c						
			12d	i					
			13 Stat en	np.	Ret. plan	3rd party sick pay			
e/f Employee's name, address and ZIP code									
JOSE MANUEL CAMACHO PEREZ 150 DU RHU DRIVE									

5 State Employer's state ID no. 16 State wages, tips, etc. AL R011252310 95232.98

3840.29

AL.State Reference

Statement

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

Wage and Tax

18 Local wages, tips, etc.

Copy

20 Locality name

1 Wages, tips, other co		2	Federa	al	income		vithheld 852.43		
3 Social security wages 100256.78 5 Medicare wages and tips 100256.78			4 Social security tax withheld 6215.92						
			6 Medicare tax withheld 1453.72						
d Control number 000012 RL/NL5	Dept.		Corp.		Emplo:	/er	use only		
c Employer's name, ad SARRALLE 1110 MONT SUITE 555 MOBILE, A	USA FLIMAF	. I	NC DRI		E				
b Employer's FED ID n 46-2705839		а			e's SSA XX-XX				
7 Social security tips		8	Alloca	tec	l tips				
9		10	Depen	deı	nt care	bene	efits		
11 Nonqualified plans	************	12	D		:	502	3.80		
14 Other		121	·						
16080.00 MI	EALS	12c							
		12d							
		13	Stat en	ıp.	Ret. plan	3rd p	arty sick		
	CAMA RIVE 03				EREZ				
15 State Employer's sta AL R011252310		16	State	wa			c. 232.98		

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

3840.29

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

AL.State Filing Copy

Wage and Tax Statement