2023 W-2 and EARNINGS SUMMARY

Employee	Referen	ce Conv								
Was	ge and Ta atement	× 2023								
	Pept. Corp.	Employer use only								
0000015172 V6U	LUZ2	S 11610								
c Employer's name, add UNITED HEALTH COMPANY P.O. BOX 7466 PORTLAND, ME	CARE INSU	de								
e/f Employee's name, add AMITHA NEERAT 60 WANDA COU KENT, OH 4424	TI RT	ode								
b Employer's FED ID nur 36 - 2739571	nber a Empl	oyee's SSA number XXX-XX-0727								
1 Wages, tips, other con 4350		ral income tax withheld								
3 Social security wages 4350	.05	al security tax withheld 269.70								
5 Medicare wages and ti		care tax withheld								
7 Social security tips		63.08 ated tips								
9		ndent care benefits								
11 Nonqualified plans	12a See in	structions for box 12								
14 Other	12b		AMITHA	NEERA	ITA		Soci	al Security	Number:	XXX-XX-0727
	12c		60 WAN	DA CO	URT					
	13 Stat en	np. Ret. plan 3rd party sick pay	KENT, C	H 442	240					
15 State Employer's state	ID no. 16 State	wages, tips, etc.								
OH 52-758403 1 17 State income tax	1011	4350.05								
	10 Local	wages, tips, etc.	10							
19 Local income tax	20 Locali	ty name	© 2023 ADP, In	c.	100000	roderversa especiale e especiale a				114141111111111111111
				Fold and D	etach Here	PAGE 01	OF 01			
1 Wages, tips, other com 4350.		al income tax withheld	1 Wages, tips, other	comp. 350.05	2 Federa	al income tax withheld	1 Wages, tips, other	comp. 50.05	2 Feder	al income tax withheld
3 Social security wages 4350.		security tax withheld 269.70	3 Social security wages 4350.05		4 Social	security tax withheld 269.70	3 Social security wages 4350.05		4 Social security tax withheld 269.70	
5 Medicare wages and tip 4350.		eare tax withheld 63.08	5 Medicare wages a	nd tips 350.05	6 Medic	are tax withheld 63.08	5 Medicare wages an		6 Medica	are tax withheld 63.08
d Control number [0000015172 V6U	Dept. Corp. LUZ2	Employer use only 11610	d Control number 0000015172 V6U	Dept.	Corp.	Employer use only 11610	d Control number 0000015172 V6U	Dept.	Corp. LUZ2	Employer use only 1161
c Employer's name, add	ress, and ZIP co	ode	c Employer's name,	address, a	nd ZIP cod	e	c Employer's name, a	ddress, an	nd ZIP cod	
UNITED HEALTH COMPANY P.O. BOX 7466 PORTLAND, ME		IRANCE	UNITED HEAL COMPANY P.O. BOX 74 PORTLAND,	166		RANCE	UNITED HEALT COMPANY P.O. BOX 746 PORTLAND, M	6		ANCE
b Employer's FED ID num 36-2739571	nber a Emplo	byee's SSA number XXX-XX-0727	b Employer's FED II	0 number	a Emplo	yee's SSA number XXX-XX-0727	b Employer's FED ID		a Employ	yee's SSA number
7 Social security tips	8 Alloca		7 Social security tip		8 Alloca		36 - 273957 7 Social security tips		8 Alloca	XXX-XX-0727

10 Dependent care benefits

12b

12c 12d

15 State CH | Employer's state ID no. 16 State wages, tips, etc. 52-758403 1 4350.05

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

12a See instructions for box 12

13 Stat emp. Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

11 Nonqualified plans

17 State income tax

19 Local income tax

ef Employee's name, address and ZIP code AMITHA NEERATI 60 WANDA COURT KENT, OH 44240

14 Other

3 Social security wages 4350.05			security	tax withheld 269.70	3 Social security wa	ges 50.05	4 Social security tax withheld 269.70			
5 Medi	Medicare wages and tips 4350.05		are tax wi	thheld 63.08	5 Medicare wages a 43	nd tips 50.05	6 Medicare tax withheld 63.08			
	rol number Dept. 172 V6U	Corp.	Emplo	yer use only 11610	d Control number 0000015172 V6U	Dept.	Corp.	Employer use only 11610		
UNIT COM P.O	loyer's name, address, TED HEALTHCAI MPANY J. BOX 7466 RTLAND, ME 04	RE INSUI			c Employer's name, UNITED HEAL COMPANY P.O. BOX 74 PORTLAND, M	THCAR	E INSUF			
			vee's SSA XXX-	X-XX-0727 36-2739571			er a Employee's SSA number XXX-XX-0727			
7 Socia	al security tips	8 Allocat	8 Allocated tips		7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits		9		10 Deper	ndent care benefits			
11 Nong	ualified plans	12a		11 Nonqualified plans		12a				
14 Othe	r	12b		14 Other		12b				
		12c				12c				
		12d					12d			
		13 Stat emp	13 Stat emp. Ret. plan 3rd party sick pay				13 Stat emp. Ret. plan 3rd party sick			
AMI 60 V	oyee's name, address THA NEERATI VANDA COURT T, OH 44240	and ZIP cod	•		e/I Employee's name, AMITHA NEEF 60 WANDA CO KENT, OH 4	RATI DURT	and ZIP coo			
15 State OH	Employer's state ID n 52-758403 1	o. 16 State wages, tips, etc. 4350.05		15 State Employer's OH 52-758403	state ID n	o. 16 State wages, tips, etc. 4350.05				
17 State	State income tax		18 Local wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.			
19 Local	9 Local income tax		20 Locality name		19 Local income tax		20 Locality name			
W Copy 2 to		and Ta	× 2	023 No. 1545-0008	City or W-2	Wage State	and Ta	× 2023		