7						Federal Box 1	Soc. Sec	. Box 3 & 7	Medicare Box 5	
To th	e right is information w	which shows your total wages	by	Gross Wages		110309.22	110	309.22	110309.22	,
W-2	box and the amount of	any deferred compensation a	Txbl Benefits		75.00	110	75.00	75.00		
	r pretax deductions that es to arrive at your W-2	t were subtracted from total wages.	Group Term Life		55.64		55.64	55.64		
Gene	eral instructions for the	se forms, including an explan	Adoption							
of th		oox 12, are available on a	Deferred Comp Section 125		(5486.47) (8670.48)	(86	570.48)	(8670.48)	1	
осра	rate accuments		Other Pretax/Wag			(00	(0070.40)			
3				W-2 Wages		96282.91	101	769.38	101769.38	ŀ
- Fl	-11-1	b Employer identification number (EIN	I)	d Control number	<u> </u>					
	ee's social security number 16-3717	65-0852445	,	000091183701	1.1				OMB	No. 1545-0008
c Employe	er's name, address, and ZIP co	de			1 Wages, tip	os, other compensation		Federal income		
Lexis	Nexis Risk Data Mgt LLC	:				96282	_			8014.17
313 \ Suite	Washington Street 400			3 Social sec	curity wages 101769		Social security	tax withheld	6309.70	
Newt	on MA 02458-1626				5 Medicare	wages and tips		Medicare tax w	vithheld	
e Employe	ee's first name and initial	Last name	Su	ff	<u> </u>	101769	$\overline{}$			1475.66
Haris	:h	Pamidi			7 Social security tips			8 Allocated tips		
4200 Apt 3	N Meridian Ave 318			9		1	10 Dependent care benefits			
	homa City OK 73112									
					11 Nonquali	fied plans		2a See instruc	ctions for box 12	
	e's address and ZIP code				Statu	tory Retirement Third-pa		2b		55.64
15 State OK	Employer's state ID Number WTH-10073992-02	16 State wages, tips, etc. 96282.91	17 State i	ncome tax 3619.00	13 empl	oyee plan sick Pa	y c	ode D		5486.47
]) X [,	2c code W		2999.88
18 Local v	vages, tips, etc.	19 Local income tax	20 Localit	ty name	14 Other		1:	2d		
					1			ode DD		16451.58
Form W-2	2 Wage and Tax Statemen	<u> </u>		2222	<u> </u>		Departn	nent of the Tr	reasury—Internal	Revenue Servi
Сору С—Б	or EMPLOYEE'S RECORDS			2023		This information is being fur negligence penalty or other sa				
	ee's social security number	b Employer identification number (EIN	I)	d Control number						
	16-3717	65-0852445		000091183701	1 Wagne tir	os, other compensation	2	Federal income		3 No. 1545-0008
	er's name, address, and ZIP co				i wages, u	96282		redetal ilicolli	e tax witilileiu	8014.17
LexisNexis Risk Data Mgt LLC 313 Washington Street						3 Social security wages 4 Social security tax withh			tax withheld	
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					5 Medicare	wages and tips 101769	- 1	Medicare tax w	rithheld	1475.66
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			 -		1		С	ode DD		16451.58
\A/ (NA/ I T C4-4				<u> </u>		Donarti	ment of the Ti	reasury - Internal	Povonuo Soni
	2 Wage and Tax Statemen o Be Filed With Employee's FE			2023			Берапі	nent of the fr	easury - mternar	Revenue Servi
a Employe	ee's social security number	b Employer identification number (EIN	I)	d Control number						
	16-3717	65-0852445	,	000091183701	ſ				OMB	No. 1545-0008
c Employe	er's name, address, and ZIP co	de			1 Wages, tip	os, other compensation		Federal income	e tax withheld	
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f Employe	e's address and ZIP code				11 Nonquali	fied plans		2a See instruction	ctions for box 12	55.64
15 State	Employer's state ID Number	16 State wages, tips, etc.	17 State i	ncome tax	13 Statu	tory Retirement Third-p	arty 1	2b		
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