## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

d Control number Dept. Employer Corp. use only 000201 ATLA/92J 050000 c Employer's name, address, and ZIP code

Batch #05530

NESPON INC 1058 TEXAN TRAIL BLDG 1 GRAPEVINE TX 76051

e/f Employee's name, address, and ZIP code VENNA SRINIVASA REDDY 1203 DRUID KNOLL OR NE BROOKHAVEN GA 30319

					1				
b	Emplo	yer's FED ID	number	а	Empl	oye	e's SSA	\ nun	nber
		26-34290	73				XX-XX		
1	Wages	s, tips, other	comp.	2	Feder	al	income.	tax.,v	ithheld
		32	534.86					4/5	67.72
3	Social	security was	ges	4	Socia	Is	ecurity	tax w	ithheld
		34'	784.86					21	56.66
5	Medica	are wages ar	nd tips	6	Medic	are	tax wi	hhelo	i
		34'	784.86					5	04.38
7	Social	security tips	•	8	Alloca	ite	d tips		
9				10	Depen	de	nt care	benef	its
11	Nonqu	alified plans		12a	See in	str	uctionsfo	r box	12
					D	_		2250	0.00
11	Other		-	12k		<u> </u>			
14 Other			12c						
				120		<u> </u>			
				13	Stat er	np.	Ret. plan X	3rd pa	arty sick pa
15	State	Employer's	state ID no.	16	State	wa	iges, tip	s, etc	:.
C	3A	3108759-	JA					325	34.86
17	State	income tax		18	Local	wa	ages, tip	s, etc	<b>3.</b>
		1'	703.48						
19	Local	income tax		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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	38,272.00	38,272.00	38,272.00	38,272.00
Less 401(k) (D-Box 12)	2,250.00	N/A	N/A	2,250.00
Less Other Cafe 125	3,487.14	3,487.14	3,487.14	3,487.14
Reported W-2 Wages	32,534.86	34,784.86	34,784.86	32,534.86

2. Employee Name and Address.

## SRINIVASA REDDY VENNA 1203 DRUID KNOLL DR NE BROOKHAVEN GA 30319

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1 Wages, tips, other comp. 32534.86	2 Federal income tax withheld 4567.72				
3 Social security wages 34784.86	4 Social security tax withheld 2156.66				
5 Medicare wages and tips 34784.86	6 Medicare tax withheld 504.38				
d Control number Dept.	Corp. Employer use only				
000201 ATLA/92J 050000	T 44				
1000 1000	AIL BLDG 1 76051				
b Employer's FED ID number 26-3429073  7 Social security tips	a Employee's SSA number  XXX-XX-5646  3 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 D 2250.00				
14 Other	12b				
	12c				
	13 Stat emp. Ret. plan 3rd party sick pay				
	ENNA DR NE				
15 State Employer's state ID no. 3108759-JA	16 State wages, tips, etc. 32534.86				
17 State income tax 1703.48	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

Federal Filing

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

Wage and Tax

Statement

Copy

1 Wages, tips, other comp. 32534.86	2 Federal income tax withheld 4567.72 4 Social security tax withheld 2156.66			
3 Social security wages 34784.86				
5 Medicare wages and tips 34784.86	6 Medicare tax withheld 504.38			
d Control number Dept.	Corp. Employer use only			
000201 ATLA/92J 050000	T 44			
	RAIL BLDG 1 76051			
b Employer's FED ID number 26-3429073 7 Social security tips	a Employee's SSA number  XXX-XX-5646  Allocated tips			
9 11 Nonqualified plans	10 Dependent care benefits  12a  2250.00			
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address a	nd ZIP code			
SRINIVASA REDDY 1203 DRUID KNOLL BROOKHAVEN GA 3				
15 State Employer's state ID no GA 3108759-JA	32534.86			
	18 Local wages, tips, etc.			
17 State income tax 1703.48				
17 State income tax	20 Locality name			

1 Wages, tips, other co	2 Federal income tax withheld 4567.72				
3 Social security wages 3478	4 Social security tax withheld 2156.66				
5 Medicare wages and 3478		6 Medio	are tax wi	thheld 504	.38
d Control number	Dept.	Corp.	Emplo	yer use	only
000201 ATLA/92J 0	50000		T		44
c Employer's name, ad	dress, and	d ZIP co	de		
1058 TEXA GRAPEVINE		AIL E 76051		I	
b Employer's FED ID n 26-3429073		a Emple	yee's SSA		r
7 Social security tips		8 Allocated tips			
9	<u> </u>	0 Deper	ndent care	benefits	
11 Nonqualified plans	1	I2a 🙏		2250.0	00
14 Other	1	12b	H		
	1	12c	T.	<b>X</b> 7	
	1	12d	i 🕨	$\sim$	
	1	13 Stat e	mp. Ret. plar	3rd party	sick
			x		
e/f Employee's name, ad		d ZIP co			
SRINIVASA RED	dress and	ZIP co			
SRINIVASA RED 1203 DRUID KN	dress and DY VE OLL D	ENNA DR N	de		
SRINIVASA RED	dress and DY VE OLL D	ENNA DR N	de		
SRINIVASA RED 1203 DRUID KN	dress and DY VE OLL D	ENNA DR N	de		
SRINIVASA RED 1203 DRUID KN	dress and DY VEOLL E	ENNA DR NI 319	de E	os, etc. 32534	.86
SRINIVASA RED 1203 DRUID KN BROOKHAVEN  15 State Employer's sta GA 3108759-JA 17 State income tax	DY VEOLL E	ENNA DR NI 319	de E	32534	.86
SRINIVASA RED 1203 DRUID KN BROOKHAVEN  15 State Employer's sta GA 3108759-JA 17 State income tax 170.	DY VEOLL EGA 30:	ENNA DR NI 319	wages, tip	32534	.86
SRINIVASA RED 1203 DRUID KN BROOKHAVEN  15 State Employer's sta GA 3108759-JA 17 State income tax	DY VEOLL EGA 30:	ENNA DR NI 319	E wages, tip	32534	.86

Statement

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