



W-2 Wage and Tax Statement
 Copy C for employee's records.
 OMB No. 1545-0008
2023

d Control number: 000033 K7/2SA
 Dept.: K7/2SA
 Corp.:
 Employer use only: A 23

c Employer's name, address, and ZIP code
 MIRACLES TEK LLC
 4811 S 76TH ST STE 8
 GREENFIELD, WI 53220
 Batch #90726

e/f Employee's name, address, and ZIP code
 MADHU BABU THADURI
 157 HEARTHSTONE CT
 MAINEVILLE, OH 45039

b Employer's FED ID number: 84-3634349
a Employee's SSA number: XXX-XX-6625

1 Wages, tips, other comp.: 90000.00
2 Federal income tax withheld: 8424.96
3 Social security wages: 90000.00
4 Social security tax withheld: 5580.00
5 Medicare wages and tips: 90000.00
6 Medicare tax withheld: 1305.00
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:
15 State OH Employer's state ID no. 54-169496 4
16 State wages, tips, etc.: 90000.00
17 State income tax: 2653.14
18 Local wages, tips, etc.:
19 Local income tax:
20 Locality 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	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	90,000.00	90,000.00	90,000.00	90,000.00
Reported W-2 Wages	90,000.00	90,000.00	90,000.00	90,000.00

2. Employee Name and Address.

MADHU BABU THADURI
157 HEARTHSTONE CT
MAINEVILLE, OH 45039

© 2023 ADP, Inc.

W-2 Wage and Tax Statement
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008
2023

d Control number: 000033 K7/2SA
 Dept.: K7/2SA
 Corp.:
 Employer use only: A 23

c Employer's name, address, and ZIP code
 MIRACLES TEK LLC
 4811 S 76TH ST STE 8
 GREENFIELD, WI 53220

b Employer's FED ID number: 84-3634349
a Employee's SSA number: XXX-XX-6625

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:
15 State OH Employer's state ID no. 54-169496 4
16 State wages, tips, etc.: 90000.00
17 State income tax: 2653.14
18 Local wages, tips, etc.:
19 Local income tax:
20 Locality name:

W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2023

d Control number: 000033 K7/2SA
 Dept.: K7/2SA
 Corp.:
 Employer use only: A 23

c Employer's name, address, and ZIP code
 MIRACLES TEK LLC
 4811 S 76TH ST STE 8
 GREENFIELD, WI 53220

b Employer's FED ID number: 84-3634349
a Employee's SSA number: XXX-XX-6625

7 Social security tips:
8 Allocated tips:
9:
10 Dependent care benefits:
11 Nonqualified plans:
12a:
14 Other:
12b:
12c:
12d:
13 Stat emp. Ret. plan 3rd party sick pay:
15 State OH Employer's state ID no. 54-169496 4
16 State wages, tips, etc.: 90000.00
17 State income tax: 2653.14
18 Local wages, tips, etc.:
19 Local income tax:
20 Locality name:

W-2 Wage and Tax Statement
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008
2023

d Control number: 000033 K7/2SA
 Dept.: K7/2SA
 Corp.:
 Employer use only: A 23

c Employer's name, address, and ZIP code
 MIRACLES TEK LLC
 4811 S 76TH ST STE 8
 GREENFIELD, WI 53220

b Employer's FED ID number: 84-3634349
a Employee's SSA number: XXX-XX-6625

7 Social security tips:
8 Allocated tips:
9:
10 Dependent care benefits:
11 Nonqualified plans:
12a:
14 Other:
12b:
12c:
12d:
13 Stat emp. Ret. plan 3rd party sick pay:
15 State OH Employer's state ID no. 54-169496 4
16 State wages, tips, etc.: 90000.00
17 State income tax: 2653.14
18 Local wages, tips, etc.:
19 Local income tax:
20 Locality name: