## 2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

Wage and Tax
Statement Statement OMB No. 1545-0008

d Control number Dept. Corp. Employer use only
0000002799 UC1 306000 6TKP 3097

c Employer's name, address, and ZIP code

CHICAGO MERCANTILE EXCHANGE INC 20 S WACKER DR CHICAGO, IL 60606-2806

e/f Employee's name, address, and ZIP code AMAN KRISHNA 130 S CANAL ST UNIT 510 CHICAGO, IL 60606

Employer's FED ID number 36-4340266 a Employee's SSA number XXX-XX-4357 Wages, tips, other comp. Federal income tax withheld 128037.22 23995.73 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 C | 256.25 12b D | 3715.42 12c W | 4120.00 11 Nonqualified plans 14 Other **7715.12** 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 36-4340266 000 6 128037.22 18 Local wages, tips, etc. 6200.47 19 Local income tax 20 Locality name

1	1 Wages, tips, other comp. 128037.22			2 Federal income tax withheld 23995.73		
3	3 Social security wages		4	Social	security tax withheld	
5	5 Medicare wages and tips		6	6 Medicare tax withheld		
d 00	Control number 00002799 UC1	Dept. 306000	1	Corp.	Employer use only 3097	
c Employer's name, address, and ZIP code						

CHICAGO MERCANTILE EXCHANGE INC 20 S WACKER DR CHICAGO, IL 60606-2806

b Employer's FED ID number 36-4340266	a Employee's SSA number XXX-XX-4357		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 256.25		
14 Other	<sup>12b</sup> D 3715.42		
	<sup>12c</sup> W 4120.00		
	<sup>12d</sup> DD 7715.12		
	13 Stat emp. Ret. plan 3rd party sick pay		

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

AMAN KRISHNA 130 S CANAL ST UNIT 510 CHICAGO, IL 60606

15	State IL	Employer's s 36-4340266		16 State wages, tips, etc. 128037.22
17	State	income tax 62	00.47	18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
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employee's Federal Inco

Wage and Tax 2024
Statement

2024 OMB No. 1545-0008 ne Tax Return. The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

AMAN KRISHNA 130 S CANAL ST UNIT 510 CHICAGO, IL 60606

۩ 2024 ADP, Inc.

## **PAGE 01 OF 01**

Wages, tips, other comp. 128037.22		2 Federal income tax withheld 23995.73		
Social security wages		4 Social security tax withheld		
Medicare wages and tips		6 Medica	are tax withheld	
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7 Social security	tips	8 Alloca	ted tips	
)		10 Depen	dent care benefits	
11 Nonqualified pla	ans	12a	050.05	
14 Other		12b D	256.25 3715.42	
14 Other		12c W	4120.00	
		12d DD	7715.12	
			D. Ret. plan 3rd party sick pay	
		Jo Stat emp	X	
e/f Employee's nar	ne, address a	nd ZIP cod	е	
AMAN KRIS 130 S CAN UNIT 510 CHICAGO,	AL ST	5		
15 State Employer 1L 36-4340	's state ID no 266 000 6	. 16 <b>State v</b>	wages, tips, etc. 128037.22	
17 State income ta	6200.47	18 Local	wages, tips, etc.	
19 Local income ta	X	20 Locali	ty name	

Wage and Tax

employee's State Income Tax Re

Statement

1	Wages, tips, other of 12803		2 Federal income tax withheld 23995.73		
3	3 Social security wages		4 Social security tax withheld		
5	5 Medicare wages and tips		6 Medicare tax withheld		
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	CHICAGO, IL				
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b	Employer's FED ID	number 66	a Emplo	yee's SSA number XXX-XX-4357 ted tips	
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b 7 9	Employer's FED ID 36-434026 Social security tips	number 66	a Emplo 8 Alloca 10 Deper	ted tips	

Social Security Number: XXX-XX-4357

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

AMAN KRISHNA 130 S CANAL ST UNIT 510 CHICAGO, IL 60606

1	5	State IL	Employer's state ID no. 36-4340266 000 6	16 State wages, tips, etc. 128037.22
1	7	State	income tax 6200.47	18 Local wages, tips, etc.
1	9	Local	income tax	20 Locality name

12d DD

13 Stat emp

7715.12

3rd party sick pa

City or Local Filing Copy
Wage and Tax

V = Statement

Copy 2 to be filed with employee's City or Local Income Tax Return.