2023 W-2 and EARNINGS SUMMARY



| Employee | Refe | rence | Сору |
|-----------------------------------|-------------------------------------|-------|---------------------------|
| WW _ / | age ar Stateme ^{is.} | | 2023 OMB No. 1545-0008 |
| d Control number 000364 RK/POT | Dept. | Согр. | Employer use only |
| Employer's name, a | | | e |

HOSPITAL LLC 107 NORTH ABERDEEN AVE WAYNE, PA 19087

Batch #93199

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

MELISSA H JONES 700 DARBY ROAD HAVERTOWN, PA 19083

a Employee's SSA number XXX-XX-2552 b Employer's FED ID number 23-3060151 Wages, tips, other comp Federal income tax withheld 5546.21 49963.75 Social security wages 4 Social security tax withheld 50362.62 3122.48 Medicare wages and tips 50362.62 6 Medicare tax withheld 730.26 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans \mathbf{D}^{-1} 398.87 12b 14 Other 35.28 SUI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc PA 90867619 503 50362.62 17 State income tax 18 Local wages, tips, etc. 1546.14 50362.62 20 Locality name 230801 19 Local income tax

| 1 | Wages, tips, other o | omp. 63.75 | 2 Federal income tax withheld 5546.21 | | | |
|----------------------------------|------------------------|----------------------|--|----------------------------|--|--|
| 3 Social security wages 50362.62 | | | 4 Social security tax withheld 3122.48 | | | |
| 5 | Medicare wages and 503 | tips 62.62 | 6 Medica | are tax withheld 730.26 | | |
| d | Control number | Dept. | Согр. | Employer use only | | |
| 00 | 0364 RK/POT | | | Α | | |
| _ | Employer's name a | ddroee a | nd ZIP cor | 10 | | |

RADNOR VETERINARY HOSPITAL LLC 107 NORTH ABERDEEN AVE WAYNE, PA 19087

| b | Employer's FED ID number 23-3060151 | a Empl | oyee's SSA number XXX-XX-2552 | | |
|-----|--|------------------|-----------------------------------|--|--|
| 7 | Social security tips | 8 Allocated tips | | | |
| 9 | | 10 Deper | ndent care benefits | | |
| 11 | Nonqualified plans | 12a See D | instructions for box 12 398.87 | | |
| 14 | Other | 12b | | | |
| | 35.26 SUI | 12c | | | |
| | | 12d | | | |
| | | 13 Stat em | p. Ret. plan 3rd party sick pay | | |
| ωli | Femnlovee's name address ar | d ZIP cod | do. | | |

MELISSA H JONES 700 DARBY ROAD HAVERTOWN, PA 19083

| 15 State PA | Employer's state ID no. 90867619 | 16 State wages, tips, etc. 50362.62 |
|----------------|-------------------------------------|--|
| 17 State | income tax 1546.14 | 18 Local wages, tips, etc. 50362.62 |
| 19 Local | income tax | 20 Locality name 230801 |
| | Endoral Cili | na Canu |

Wage and

Statement Copy B to be filed with employee's Federal Income Tax Retu 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 | PA. State Wages, Tips, Etc. Box 16 of W-2 | 230801 Local Wages, Tips, Etc. Box 18 of W-2 |
|------------------------|--|--|-----------------------------------|---|---|
| Gross Pay | 50,362.62 | 50,362.62 | 50,362.62 | 50,362.62 | 50,362.62 |
| Less 401(k) (D-Box 12) | 398.87 | N/A | N/A | N/A | N/A |
| Reported W-2 Wages | 49,963.75 | 50,362.62 | 50,362.62 | 50,362.62 | 50,362.62 |

2. Employee Name and Address.

MELISSA H JONES 700 DARBY ROAD HAVERTOWN, PA 19083

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| 1 Wages, tips, other comp. 49963.75 | 2 Feder | 2 Federal income tax withheld 5546.21 | | | |
|---|-------------------|---|--|--|--|
| 3 Social security wages 50362.62 | 4 Social | 4 Social security tax withheld 3122.48 | | | |
| 5 Medicare wages and tips 50362.62 | 6 Medic | 6 Medicare tax withheld 730.26 | | | |
| d Control number Dept. | Согр. | Employer use only | | | |
| 000364 RK/POT | | A | | | |
| RADNOR VETE HOSPITAL LLC 107 NORTH AL WAYNE, PA 19 | BERDE | - | | | |
| b Employer's FED ID number 23-3060151 | | yee's SSA number XXX-XX-2552 | | | |
| 7 Social security tips | 8 Alloca | ted tips | | | |
| 9 | 10 Deper | dent care benefits | | | |
| 11 Nonqualified plans | 12a D | 398.87 | | | |
| 14 Other | 12b | | | | |
| 35.26 SUI | 12c | | | | |
| | 12d | | | | |
| | 13 Stat em | p. Ret. plan 3rd party sick pay | | | |
| e/f Employee's name, address | and ZIP cod | le | | | |
| 700 DARBY ROAD | 9083 | | | | |
| 700 DARBY ROAD HAVERTOWN, PA 1 15 State Employer's state ID n PA 90867619 | no. 16 State | 50362.62 | | | |
| 700 DARBY ROAD HAVERTOWN, PA 1 15 State Employer's state ID n PA 90867619 17 State income tax | no. 16 State | 50362.62 wages, tips, etc. | | | |
| 700 DARBY ROAD HAVERTOWN, PA 1 15 State Employer's state ID n PA 90867619 17 State income tax 1546.14 | no. 16 State | 50362.62 wages, tips, etc. 50362.62 ity name | | | |
| 17 State income tax 1546.14 19 Local income tax | 18 Local 20 Local | 50362.62 wages, tips, etc. 50362.62 | | | |

| 1 | Wages, tips, other comp. 49963.75 | | | 2 Federal income tax withheld 5546.21 | | | |
|-----|--------------------------------------|------------|------------|--|----------------------------|-------------------|--|
| 3 | Social security wages 50362.62 | | | 4 Social security tax withheld 3122.48 | | | |
| 5 | Medicare wages and tips 50362.62 | | 6 | Medica | are tax withheld 730.26 | | |
| d | Control n | umber | Dept. | | Согр. | Employer use only | |
| 000 | 364 | RK/POT | | | | Α | |
| С | Employer | 's name, a | ddress, ar | ıd. | ZIP cod | e | |

RADNOR VETERINARY HOSPITAL LLC 107 NORTH ABERDEEN AVE **WAYNE, PA 19087**

| b | Employer's FED ID number 23-3060151 | a Employee's SSA number XXX-XX-2552 | | | |
|----|-------------------------------------|-------------------------------------|----------------------------------|--|--|
| 7 | Social security tips | 8 Allocated tips | | | |
| 9 | | 10 Depe | ndent care benefits | | |
| 11 | Nonqualified plans | 12a D | 398.87 | | |
| 14 | Other | 12b | 1 | | |
| | 35 26 SUI | 12c | 1 | | |
| | 33.20 301 | 12d | 1 | | |
| | | 13 Stat e | emp. Ret. plan 3rd party sick pa | | |

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

MELISSA H JONES 700 DARBY ROAD HAVERTOWN, PA 19083

| 15 State PA | Emplo 9086 | yer's 7 6 19 | state ID no | 16 | Sta | ate wages, tips, etc. 50362.62 |
|----------------|---------------|------------------------|-------------|------|-----|-----------------------------------|
| 17 State | income | | 546.14 | 18 | Lo | cal wages, tips, etc. 50362.62 |
| 19 Loca | l incom | e tax | | 20 | Lo | cality name 230801 |
| | City | or | Local | Fili | na | Copy |

and Wage Statement Copy 2 to be filed with employee's City or Local