

5346.78

Federal Filing Copy

Wage and Tax

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

20 Locality name

19 Local income tax

VAMSI KATNENI 13085 MORRIS RD UNIT 9211 ALPHARETTA, GA 30004

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Employer use only

PAGE 01 OF 01 2 Federal income tax withheld Wages, tips, other comp. 2 Federal income tax withheld 16852.39 101387.02 16852.39 4 Social security tax withheld 6286.00 Social security wages 101387.02 4 Social security tax withheld

Employer's name, address, and ZIP code

Social Security Number: XXX-XX-5289

6286.00

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Employer use only

6 Medicare tax withheld

Corp.

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C	Employer's name, address, and ZIP code				
	MORGAN STA	NLEY	SERVIC	Ξ	
	750 7TH AVE 6TH FLOOR NEW YORK, NY 10019				

MORGAN STANLEY SERVICES	GROUP
750 7TH AVE 6TH FLOOR NEW YORK, NY 10019	
NEW TORK, NY 10019	

6 Medicare tax withheld

Employer's FED ID number a Employee's SSA number XXX-XX-5289 26-0116361 Social security tips 8 Allocated tips 10 Dependent care benefits

12b DD 8516.88 120 12d 13 Stat emp. Ret. plan 3rd party sick pay

12a

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VAMSI KATNENI 13085 MORRIS RD **UNIT 9211**

ALPHARETTA, GA 30004

15 State Employer's state ID no. 16 State wages, tips, etc. 3206830-IZ 10138 18 Local wages, tips, etc. State income tax 5346.78

19 Local income tax

GA. State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. No. 1545

20 Locality name

	MORGAN STANLEY S	SERVICES GROUP
	750 7TH AVE 6TH FL NEW YORK, NY 100	
b	Employer's FED ID number	a Employee's SSA num

Medicare wages and tips 101387.02

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oloyee's SSA number XXX - XX - 5289 26-0116361 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a AA 4417.47 12b DD 14 Other 8516.88 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

13085 MORRIS RD **UNIT 9211** ALPHARETTA, GA 30004 15 State Employer's state ID no. 16 State wages, tips, etc. GA 3206830-IZ 101387

VAMSI KATNENI

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

17 State income tax 18 Local wages, tips, etc. 5346.78 19 Local income tax 20 Locality name

City or Local Filing Copy 2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return