



**W-2** Wage and Tax Statement **2021**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000140 RN/NDP Dept. Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
**AFFINE INC**  
**80 BROAD STREET 5TH FLOOR**  
**NEW YORK CITY, NY 10004**

**Batch #94078**

**e/f** Employee's name, address, and ZIP code  
**BHARAT GUDA**  
**2044 NW STEELRAKE PL**  
**APT N311**  
**ISSAQUAH, WA 98027**

**b** Employer's FED ID number **99-0366185** **a** Employee's SSA number **XXX-XX-2140**

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>81591.89</b> | <b>2</b> Federal income tax withheld <b>8071.78</b>  |
| <b>3</b> Social security wages <b>72603.00</b>    | <b>4</b> Social security tax withheld <b>4501.39</b> |
| <b>5</b> Medicare wages and tips <b>72603.00</b>  | <b>6</b> Medicare tax withheld <b>1052.74</b>        |
| <b>7</b> Social security tips                     | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans                      | <b>12a</b> See instructions for box 12               |
| <b>14</b> Other                                   | <b>12b</b>   |
|   | <b>12c</b>   |
|   | <b>12d</b>   |
|   | <b>13</b> Stat emp. Ret. plan 3rd party sick pay     |
| <b>15</b> State Employer's state ID no.           | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax                        | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax                        | <b>20</b> 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<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|
| Gross Pay                 | 85,533.24                                       | 85,533.24                             | 85,533.24                      |
| Less Other Cafe 125       | 3,941.35  | 3,442.74                              | 3,442.74                       |
| <b>Reported W-2 Wages</b> | <b>81,591.89</b>                                | <b>72,603.00</b>                      | <b>72,603.00</b>               |

2. Employee Name and Address.

**BHARAT GUDA**  
**2044 NW STEELRAKE PL**  
**APT N311**  
**ISSAQUAH, WA 98027**

© 2021 ADP, Inc.

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>81591.89</b>   | <b>2</b> Federal income tax withheld <b>8071.78</b>  |
| <b>3</b> Social security wages <b>72603.00</b>  | <b>4</b> Social security tax withheld <b>4501.39</b> |
| <b>5</b> Medicare wages and tips <b>72603.00</b>  | <b>6</b> Medicare tax withheld <b>1052.74</b>        |
| <b>d</b> Control number 000140 RN/NDP Dept. Corp. Employer use only <b>A</b>  |  |
| <b>c</b> Employer's name, address, and ZIP code<br><b>AFFINE INC</b><br><b>80 BROAD STREET 5TH FLOOR</b><br><b>NEW YORK CITY, NY 10004</b>            |  |
| <b>b</b> Employer's FED ID number <b>99-0366185</b>   | <b>a</b> Employee's SSA number <b>XXX-XX-2140</b>    |
| <b>7</b> Social security tips   | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans  | <b>12a</b> See instructions for box 12               |
| <b>14</b> Other   | <b>12b</b>   |
|   | <b>12c</b>   |
|   | <b>12d</b>   |
|   | <b>13</b> Stat emp. Ret. plan 3rd party sick pay     |
| <b>e/f</b> Employee's name, address and ZIP code<br><b>BHARAT GUDA</b><br><b>2044 NW STEELRAKE PL</b><br><b>APT N311</b><br><b>ISSAQUAH, WA 98027</b> |  |
| <b>15</b> State Employer's state ID no.   | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax  | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax  | <b>20</b> Locality name                              |

**W-2** Wage and Tax Statement **2021**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>81591.89</b>   | <b>2</b> Federal income tax withheld <b>8071.78</b>  |
| <b>3</b> Social security wages <b>72603.00</b>  | <b>4</b> Social security tax withheld <b>4501.39</b> |
| <b>5</b> Medicare wages and tips <b>72603.00</b>  | <b>6</b> Medicare tax withheld <b>1052.74</b>        |
| <b>d</b> Control number 000140 RN/NDP Dept. Corp. Employer use only <b>A</b>  |  |
| <b>c</b> Employer's name, address, and ZIP code<br><b>AFFINE INC</b><br><b>80 BROAD STREET 5TH FLOOR</b><br><b>NEW YORK CITY, NY 10004</b>            |  |
| <b>b</b> Employer's FED ID number <b>99-0366185</b>   | <b>a</b> Employee's SSA number <b>XXX-XX-2140</b>    |
| <b>7</b> Social security tips   | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans  | <b>12a</b>   |
| <b>14</b> Other   | <b>12b</b>   |
|   | <b>12c</b>   |
|   | <b>12d</b>   |
|   | <b>13</b> Stat emp. Ret. plan 3rd party sick pay     |
| <b>e/f</b> Employee's name, address and ZIP code<br><b>BHARAT GUDA</b><br><b>2044 NW STEELRAKE PL</b><br><b>APT N311</b><br><b>ISSAQUAH, WA 98027</b> |  |
| <b>15</b> State Employer's state ID no.   | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax  | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax  | <b>20</b> Locality name                              |

**W-2** Wage and Tax Statement **2021**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>81591.89</b>   | <b>2</b> Federal income tax withheld <b>8071.78</b>  |
| <b>3</b> Social security wages <b>72603.00</b>  | <b>4</b> Social security tax withheld <b>4501.39</b> |
| <b>5</b> Medicare wages and tips <b>72603.00</b>  | <b>6</b> Medicare tax withheld <b>1052.74</b>        |
| <b>d</b> Control number 000140 RN/NDP Dept. Corp. Employer use only <b>A</b>  |  |
| <b>c</b> Employer's name, address, and ZIP code<br><b>AFFINE INC</b><br><b>80 BROAD STREET 5TH FLOOR</b><br><b>NEW YORK CITY, NY 10004</b>            |  |
| <b>b</b> Employer's FED ID number <b>99-0366185</b>   | <b>a</b> Employee's SSA number <b>XXX-XX-2140</b>    |
| <b>7</b> Social security tips   | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans  | <b>12a</b>   |
| <b>14</b> Other   | <b>12b</b>   |
|   | <b>12c</b>   |
|   | <b>12d</b>   |
|   | <b>13</b> Stat emp. Ret. plan 3rd party sick pay     |
| <b>e/f</b> Employee's name, address and ZIP code<br><b>BHARAT GUDA</b><br><b>2044 NW STEELRAKE PL</b><br><b>APT N311</b><br><b>ISSAQUAH, WA 98027</b> |  |
| <b>15</b> State Employer's state ID no.   | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax  | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax  | <b>20</b> Locality name                              |

**W-2** Wage and Tax Statement **2021**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008