



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

d Control number 000057 Dept. KF/2JY Corp. Employer use only **A**

c Employer's name, address, and ZIP code
 URPAN TECHNOLOGIES INC
 39355 CALIFORNIA ST STE 303
 FREMONT, CA 94538 1447
 Batch #92688

e/f Employee's name, address, and ZIP code
 SRIVIDYA RANGANATHAN
 301 SHERIDAN TRAIL
 IRVING, TX 75063

b Employer's FED ID number 77-0533993 **a** Employee's SSA number XXX-XX-1967

1 Wages, tips, other comp. 43567.40	2 Federal income tax withheld 6162.87
3 Social security wages 25135.40	4 Social security tax withheld 1558.39
5 Medicare wages and tips 25135.40	6 Medicare tax withheld 364.46
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 Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	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
Gross Pay	43,567.40	43,567.40	43,567.40
Reported W-2 Wages	43,567.40	25,135.40	25,135.40

2. Employee Name and Address.

SRIVIDYA RANGANATHAN
301 SHERIDAN TRAIL
IRVING, TX 75063

© 2021 ADP, Inc.

1 Wages, tips, other comp. 43567.40	2 Federal income tax withheld 6162.87
3 Social security wages 25135.40	4 Social security tax withheld 1558.39
5 Medicare wages and tips 25135.40	6 Medicare tax withheld 364.46
d Control number 000057 Dept. KF/2JY Corp. Employer use only A	
c Employer's name, address, and ZIP code URPAN TECHNOLOGIES INC 39355 CALIFORNIA ST STE 303 FREMONT, CA 94538 1447	
b Employer's FED ID number 77-0533993	a Employee's SSA number XXX-XX-1967
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
e/f Employee's name, address and ZIP code SRIVIDYA RANGANATHAN 301 SHERIDAN TRAIL IRVING, TX 75063	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

1 Wages, tips, other comp. 43567.40	2 Federal income tax withheld 6162.87
3 Social security wages 25135.40	4 Social security tax withheld 1558.39
5 Medicare wages and tips 25135.40	6 Medicare tax withheld 364.46
d Control number 000057 Dept. KF/2JY Corp. Employer use only A	
c Employer's name, address, and ZIP code URPAN TECHNOLOGIES INC 39355 CALIFORNIA ST STE 303 FREMONT, CA 94538 1447	
b Employer's FED ID number 77-0533993	a Employee's SSA number XXX-XX-1967
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
e/f Employee's name, address and ZIP code SRIVIDYA RANGANATHAN 301 SHERIDAN TRAIL IRVING, TX 75063	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

1 Wages, tips, other comp. 43567.40	2 Federal income tax withheld 6162.87
3 Social security wages 25135.40	4 Social security tax withheld 1558.39
5 Medicare wages and tips 25135.40	6 Medicare tax withheld 364.46
d Control number 000057 Dept. KF/2JY Corp. Employer use only A	
c Employer's name, address, and ZIP code URPAN TECHNOLOGIES INC 39355 CALIFORNIA ST STE 303 FREMONT, CA 94538 1447	
b Employer's FED ID number 77-0533993	a Employee's SSA number XXX-XX-1967
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
e/f Employee's name, address and ZIP code SRIVIDYA RANGANATHAN 301 SHERIDAN TRAIL IRVING, TX 75063	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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