

**Employee** Reference Copy Wage and Tax Statement Copy C for employee's records Control number Dept. Corp. Employer use only 000243 LOSA/10C DENBE2 Employer's name, address, and ZIP code

DENKEN SOLUTIONS INC 9170 IRVINE CENTER DRIVE **IRVINE CA 92618** 

Batch #02170

e/f Employee's name, address, and ZIP code **MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET **APT#228** 

CARMEL IN 46032 Employer's FED ID number a Employee's SSA number 27-3050679 XXX-XX-0292 ages, tips, other comp Federal income tax withheld 92790.40 17137.32 Social security wages Social security tax withheld 17710.00 1098.02 Medicare wages and tips 6 Medicare tax withheld 17710.00 256.80 Social security tips 8 Allocated tips 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 14 Other 13 Stat emp Ret. plan 3rd party sick party

15 State Employer's state ID no. 16 State wages, tips, etc. 0152300198 001 92790.40 18 Local wages, tips, etc. 17 State income tax 2997.10 20 Locality name TOTAL 19 Local income tax

. 1456.43

1	Wage	s, tips, other o	comp. '90.40	2 Federal income tax withheld 17137.32					
3	Socia	l security wag 177	es 10.00	4 Social security tax withheld 1098.02					
5	Medic	are wages an 177	d tips '10.00	6 Medicare tax withheld 256.80					
d	Control number Dept.			Corp.	Employer use only				
00	000243 LOSA/10C DENBE2				Α	117			
С	c Employer's name, address, and ZIP code								

DENKEN SOLUTIONS INC 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292				
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 em	p. Ret. plan	3rd party sick pay		
elf Employee's name address and ZIP code						

**MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET APT#228

CARMEL IN 46032

15 State IN employer's state ID no. 16 State wages, tips, etc. 92790.40 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 1456.43 20 Locality name TOTAL

Filing Federal Сору

Wage and Statement OMB N

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	IN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	97,790.40	97,790.40	97,790.40	97,790.40
Less Misc. Non Taxable Comp.	5,000.00	5,000.00	5,000.00	5,000.00
Less Exempt Wages	N/A	75,080.40	75,080.40	N/A
Reported W-2 Wages	92,790.40	17,710.00	17,710.00	92,790.40

2. Employee Name and Address.

MOUNIKA KADEMPALLY 12890 OLD MERIDIAN STREET **APT#228** CARMEL IN 46032

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1	Wage	s, tips, other o	90.40	2 Federal income tax withheld 17137.32			
3	Socia	l security was 177	ges 10.00	4 Social	x withheld 1098.02		
5	Medicare wages and tips 17710.00			6 Medicare tax withheld 256.80			
d	Contr	ol number	Dept.	Corp.	Employe	er use only	
00	0243	LOSA/10C	DENBE2		Α	117	
c Employer's name, address, and ZIP code							

**DENKEN SOLUTIONS INC** 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292					
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

**MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET **APT#228** CARMEL IN 46032

15 State Employer's state ID no. 0152300198 001	16 State wages, tips, etc. 92790.40
17 State income tax	18 Local wages, tips, etc.
2997.10	
19 Local income tax	20 Locality name
1456.43	TOTAL
IN.State Refe	rence Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1	Wages, tips, other o	omp. 90.40	2	Federal income tax withheld 17137.32				
3	Social security wag	4	4 Social security tax withheld 1098.02					
5	Medicare wages and	d tips 10.00	6	Medicare tax withheld 256.80				
d	Control number	Dept.		Corp.	Employ	er use only		
000	0243 LOSA/10C	DENBE2			Α	117		

c Employer's name, address, and ZIP code **DENKEN SOLUTIONS INC** 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292					
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

MOUNIKA KADEMPALLY 12890 OLD MERIDIAN STREET APT#228 CARMEL IN 46032

15 State Employer's state ID no. 0152300198 001	16 State wages, tips, etc. 92790.40
17 State income tax	18 Local wages, tips, etc.
2997.10	
19 Local income tax	20 Locality name
1456.43	TOTAL

IN.State Filing Copy Wage and

Statement Copy 2 to be filed with employee's State Income Tax

	City	or	Local	Re	ferenc	е	Сору	
۱۸/	2	W	/age	and	Tax	2	2	1
<b>V V -</b>	Z		State			OMB	No. 1545	5-0008
Copy 2 to b	be filed wi	th emp	loyee's C	ity or Lo	cal Inco	me Tax F	eturn.	, 0000
Contr			Dep		Corp.		oyer use	only
000243	LOSA	/10C	DENB	E2		Α		118
: Employer's name, address, and ZIP code								

DENKEN SOLUTIONS INC 9170 IRVINE CENTER DRIVE **IRVINE CA 92618** 

Batch #02170

e/f Employee's name, address, and ZIP code **MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET **APT#228** 

C				4603								
b	•	27-3	3050	ID num 1679		a Employee's SSA number XXX-XX-0292						
1	Wage	s, tips	s, oth	er com	p.	2	Fede	ral	income	tax withheld		
			9	2790.	40					17137.32		
3	Socia	l secu	•	/ages 7710.	.00	4	4 Social security tax withheld 1098.02					
5	Medic	are w		and tip 7710.		6 Medicare tax withheld 256.80						
7	Socia	l secu	rity ti	ps		8	Allo	cate	ed tips			
9						10	Depe	end	lent care	benefits		
11	Nonq	ualifie	d plai	ns				nstr 	uctions fo	r box 12		
14	Other					121		1				
	Othio					120						
						120						
						13	Stat e	mp	Ret. plan	3rd party sick pa		
	State N			s state		- 16	State	w	ages, tip	s, etc.		
	State					18	Loca	ıl w	ages, tip	s, etc. 47360.40		
19	Local	incon	ne tax	956.	70	20	Loca		/ name <b>C-49</b>			

Wages, tips, other comp 2 Federal income tax withheld 92790.40 17137.32 3 Social security wages 17710.00 4 Social security tax withheld 1098.02 Medicare tax withheld 256.80 Medicare wages and tips 17710.00 Control number Dept. Employer use only 000243 LOSA/10C DENBE2 118

Employer's name, address, and ZIP code DENKEN SOLUTIONS INC 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See	in 	structio	ns for box 12			
14	Other	12b	1					
		12c						
		12d						
		13 Stat em	ıp.	Ret. plan	3rd party sick pay			
e/f	Employee's name, address an	d ZIP co	de					

### **MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET APT#228 CARMEL IN 46032

15 State Employer's state ID 0152300198 00	
17 State income tax	18 Local wages, tips, etc. <b>47360.40</b>
19 Local income tax 956.70	20 Locality name C-49
City or Local	Filing Copy

Wage and Tax Statement e filed with employee's City or Local

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.

C-49 Local Wages, Local Wages, Tips, Etc. Tips, Etc. Box 18 of W-2 Box 18 of W-2 47,360.40 50,430.00 N/A 5,000.00

45,430.00

47,360.40

2. Employee Name and Address.

## MOUNIKA KADEMPALLY 12890 OLD MERIDIAN STREET APT#228 CARMEL IN 46032

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**Gross Pay** 

Less Misc. Non Taxable Comp.

Reported W-2 Wages

1 Wages, tips, other comp. 92790.40				2 Federal income tax withheld 17137.32			
3	3 Social security wages 17710.00 5 Medicare wages and tips 17710.00			4 Social security tax withheld 1098.02 6 Medicare tax withheld 256.80			
5							
d	d Control number 000243 LOSA/10C		Dept.	Corp.	Employer	use only	
00			DENBE2		Α	118	
С	Empl	over's name. a	ddress. ar	nd ZIP cod	е		

DENKEN SOLUTIONS INC 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292				
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

### **MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET APT#228 CARMEL IN 46032

				16 State wages, tips, etc.			
17 State	income	tax		18	Local wag	es, tip	os, etc.
							45430.00
19 Local	incom	e tax		20	Locality na	ame	
			499.73		C-2	29	
	Citv	or	Local	Ref	erence	(	Copy

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

1	Wages, tips, other 927	omp. <b>90.40</b>	2 Federal income tax withheld 17137.32			
3	Social security was	jes 10.00	4 Social security tax withheld 1098.02			
5	Medicare wages an 177	d tips 10.00	6 Medicare tax withheld 256.80			
d	Control number	Dept.	Corp.	Employe	r use only	
000243 LOSA/10C DENBE2				Α	118	
_	Employer's name	ddroco o	ad ZID and	•		

**DENKEN SOLUTIONS INC** 9170 IRVINE CENTER DRIVE IRVINE CA 92618

b	Employer's FED ID number 27-3050679	a Employee's SSA number XXX-XX-0292  8 Allocated tips				
7	Social security tips					
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pa				
e/f	Employee's name, address a	nd ZIP code				

## **MOUNIKA KADEMPALLY** 12890 OLD MERIDIAN STREET **APT#228** CARMEL IN 46032

15 State	Emplo 01523	yer's 3 <b>00</b> 1	s state ID no 198 001	16	State	wages, tips, etc.	•
17 State	income	tax		18	Loca	ıl wages, tips, etc	
						4543	0.00
19 Local	incom	e tax		20	Loca	lity name	
			499.73			C-29	
	City	or	Local	Fili	ng	Copy	

Wage and Tax

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

#### Instructions for Employee

**Box 1.** Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, lf you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7.000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

 $\mbox{\bf B---}\mbox{Uncollected}$  Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)
K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)
 Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

**AA**—Designated Roth contributions under a section 401(k) plan **BB**—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



# Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct

your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.