

# 2021 W-2 and EARNINGS SUMMARY

NY. State Reference Copy <b style="font-size: 2em;">W-2</b> Wage and Tax <b style="font-size: 2em;">2021</b> Statement <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>			
d Control number	Dept.	Corp.	Employer use only
0000001406 WRZ		YAMV	S 12541
c Employer's name, address, and ZIP code			
MORGAN STANLEY SERVICES GROUP INC 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004			
e/f Employee's name, address, and ZIP code			
VINOD KUMAR BOLLOLLI 400 GOLDEN HORSESHOE CIRCLE APT. #L MORRISVILLE, NC 27560			
b Employer's FED ID number	a Employee's SSA number		
26-0116361	XXX-XX-8370		
1 Wages, tips, other comp.	2 Federal income tax withheld		
80374.06	12227.34		
3 Social security wages	4 Social security tax withheld		
82585.73	5120.32		
5 Medicare wages and tips	6 Medicare tax withheld		
82585.73	1197.49		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D   2211.67		
14 Other 255.73 NY PFL	12b DD   20503.52		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
NY 260116361 7	80374.06		
17 State income tax	18 Local wages, tips, etc.		
2859.79			
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

VINOD KUMAR BOLLOLLI  
 400 GOLDEN HORSESHOE CIRCLE  
 APT. #L  
 MORRISVILLE, NC 27560

Social Security Number: XXX-XX-8370

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PAGE 02 OF 02

1 Wages, tips, other comp.	2 Federal income tax withheld	3 Social security wages	4 Social security tax withheld
80374.06	12227.34	82585.73	5120.32
5 Medicare wages and tips	6 Medicare tax withheld	d Control number	Dept.
82585.73	1197.49	0000001406 WRZ	
		Corp.	Employer use only
		YAMV	12541
c Employer's name, address, and ZIP code			
MORGAN STANLEY SERVICES GROUP INC 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004			
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XXX-XX-8370			
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VINOD KUMAR BOLLOLLI 400 GOLDEN HORSESHOE CIRCLE APT. #L MORRISVILLE, NC 27560			
15 State Employer's state ID no.	16 State wages, tips, etc.		
NC 600677682	36388.86		
17 State income tax	18 Local wages, tips, etc.		
1755.00			
19 Local income tax	20 Locality name		

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NC. State Reference Copy <b style="font-size: 2em;">W-2</b> Wage and Tax <b style="font-size: 2em;">2021</b> Statement <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>			
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NC. State Filing Copy <b style="font-size: 2em;">W-2</b> Wage and Tax <b style="font-size: 2em;">2021</b> Statement <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>			
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# 2021W-2 and EARNINGS SUMMARY

Employee Reference Copy			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement			
Copy C for employee's records		OMB No. 1545-0008	
d Control number	Dept.	Corp.	Employer use only
0000001406 WRZ		YAMV	S 12540
c Employer's name, address, and ZIP code			
MORGAN STANLEY SERVICES GROUP INC 1 NEW YORK PLAZA 5TH FLOOR NEW YORK, NY 10004			
e/f Employee's name, address, and ZIP code			
VINOD KUMAR BOLLOLLI 400 GOLDEN HORSESHOE CIRCLE APT. #L MORRISVILLE, NC 27560			
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	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
	TOTAL STATE		
17 State income tax		18 Local wages, tips, etc.	
4700.50			
19 Local income tax		20 Locality name	

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

VINOD KUMAR BOLLOLLI  
400 GOLDEN HORSESHOE CIRCLE  
APT. #L  
MORRISVILLE, NC 27560

Social Security Number: XXX-XX-8370



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15 State	Employer's state ID no.	16 State wages, tips, etc.	
NJ	260-116-361/000	48458.55	
17 State income tax		18 Local wages, tips, etc.	
85.71			
19 Local income tax		20 Locality name	

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

NJ. State Reference Copy			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement			
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008	

NJ. State Filing Copy			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement			
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008	



**I-797A | NOTICE OF ACTION** | DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number WAC2209750299		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 01/07/2022	Priority Date	Applicant KOYYADA, MOUNIKA
Notice Date 05/03/2022	Page 1 of 1	Beneficiary BOLLOLLI, VIDHATHRI

OGLETREE DEAKINS c/o NORA MARGARET ANDERSON PO BOX 31608 RALEIGH NC 27622	<b>Notice Type:</b> Approval Notice <b>Class:</b> H4 <b>Valid from</b> 01/15/2022 to 12/12/2024
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The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above.

The I-94 attached below may contain a grace period of up to 10 days before and up to 10 days after the above validity period, if such grace period is authorized by the principal alien's nonimmigrant classification. The following principal alien nonimmigrant classifications may be eligible for a grace period: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. Dependents of principal H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the above validity period. The nonimmigrant status of the applicant(s) is based on the separate nonimmigrant status held by a principal alien who has authorized employment in the United States.

The lower portion of this notice should be attached to the previous Form I-94, Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. If any person included in this application must depart the U.S., he or she may wish to take this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA**

**NOTICE:** Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or by telephone, visit your business and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form I-94) with an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

California Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P. O. Box 30111 Laguna Niguel CA 92607-0111 USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a>	
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PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

**Receipt#** WAC2209750299  
**I-94#** 765809633 56  
**NAME** BOLLOLLI, VIDHATHRI  
**CLASS** H4  
**VALID FROM** 01/15/2022 **UNTIL** 12/22/2024

**APPLICANT**  
 KOYYADA, MOUNIKA  
 400 GOLDEN HORSESHOE CIRCLE APT L  
 MORRISVILLE NC 27560

**765809633 56**  
**Receipt Number** WAC2209750299  
**US Citizenship and Immigration Services**

**I94 Departure Record**  
**Applicant:** KOYYADA, MOUNIKA

<b>14. Family Name</b> BOLLOLLI	
<b>15. First (Given) Name</b> VIDHATHRI	<b>16. Date of Birth</b> 05/15/2015
<b>17. Country of Citizenship</b> CANADA	



**I-797A | NOTICE OF ACTION**

DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number WAC2209750298		Case Type 1539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 01/07/2022	Priority Date	Applicant KOYYADA, MOUNIKA
Notice Date 05/03/2022	Page 1 of 1	Beneficiary KOYYADA, MOUNIKA

OGLETREE DEAKINS c/o NORA MARGARET ANDERSON PO BOX 31608 RALEIGH NC 27622	<b>Notice Type:</b> Approval Notice <b>Class:</b> H4 Valid from 01/15/2022 to 12/12/2024
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The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above.

The I-94 attached below may contain a grace period of up to 10 days before and up to 10 days after the above validity period, if such grace period is authorized by the principal alien's nonimmigrant classification. The following principal alien nonimmigrant classifications may be eligible for a grace period: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. Dependents of principal H-1A nonimmigrants may contain a grace period of up to one week before and 30 days after the above validity period. The nonimmigrant status of the applicant(s) is based on the separate nonimmigrant status held by a principal alien who has authorized employment in the United States.

The lower portion of this notice should be attached to the previous Form I-94, Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. If any person included in this application wishes to re-enter the U.S. he or she may wish to take this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new consulate prior to re-entering to the U.S.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

**NOTICE:** Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

**USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.**

California Service Center  
 U. S. CITIZENSHIP & IMMIGRATION SVC  
 P.O. Box 30111  
 Laguna Niguel CA 92607-0111



USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

**Receipt#** WAC2209750298  
**I-94#** 765808167 56  
**NAME** KOYYADA, MOUNIKA  
**CLASS** H4  
**VALID FROM** 01/15/2022 **UNTIL** 12/22/2024

**APPLICANT**  
 KOYYADA, MOUNIKA  
 400 GOLDEN HORSESHOE CIRCLE APT L  
 MORRISVILLE NC 27560

**765808167 56**  
**Receipt Number** WAC2209750298  
**US Citizenship and Immigration Services**

**I94 Departure Record**  
**Applicant:** KOYYADA, MOUNIKA

14. Family Name KOYYADA	
15. First (Given) Name MOUNIKA	16. Date of Birth 05/02/1993
17. Country of Citizenship CANADA	



I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number WAC2209750256		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 01/07/2022	Priority Date	Petitioner MORGAN STANLEY SERVICES GROUP INC.
Notice Date 01/14/2022	Page 1 of 2	Beneficiary BOLLOLLI, VINOD KUMAR
OGLETREE DEAKINS c/o NORA MARGARET ANDERSON PO BOX 31608 RALEIGH NC 27622		<b>Notice Type:</b> Approval Notice <b>Class:</b> H1B <b>Valid from</b> 01/14/2022 to 12/12/2024

The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN 2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

Please see the additional information on the back. You will be notified separately about any other cases you filed.

California Service Center  
 U. S. CITIZENSHIP & IMMIGRATION SVC  
 P.O. Box 30111  
 Laguna Niguel CA 92607-0111  
 USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records  
**Receipt#** WAC2209750256  
**I-94#** 702348159 56  
**NAME** BOLLOLLI, VINOD KUMAR  
**CLASS** H1B  
**VALID FROM** 01/14/2022 **UNTIL** 12/22/2024  
**PETITIONER**  
 MORGAN STANLEY SERVICES GROUP INC.  
 1585 BROADWAY  
 NEW YORK NY 10036

**702348159 56**  
**Receipt Number** WAC2209750256  
**US Citizenship and Immigration Services**  
**I94 Departure Record**  
**Petitioner:** MORGAN STANLEY SERVICES GROUP INC

14. Family Name BOLLOLLI	
15. First (Given) Name VINOD KUMAR	16. Date of Birth 09/06/1982
17. Country of Citizenship CANADA	