Employee Reference Copy
Wage and Tax
Statement
W 1 1545-0008

Copy C for employee's records.
d Control number Dept.
041278 LOS2/YPT 791900

Employer use only
A 23790

Employer's name, address, and ZIP code 602-201-54

AMAZON COM SERVICES LLC
PO BOX 80726
SEATTLE WA 98108

Batch #03267

e/I Employee's name, address, and ZIP code SRIAAKASH MANDAVILLI 4512 MANDALIN ST PFLUGERVILLE TX 78660

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4819		
1	Wages, tips, other comp.	2 Federal income tax withheld		
	68897.13	13832.38		
3	Social security wages	4 Social security tax withheld		
5	Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips		8 Allocated tips		
9		10 Dependent care benefits		
11 Nongualified plans		12a See instructions for box 12		
	922	C 43.64 12b D 1548.00		
14	Other	10,101		
		12d DDI 2555.24		
15 State Employer's state ID no		13 Stat emp. Ret. plan 3rd party sick		
		o. 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.

U-	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	71, 185, 49	71,185.49	71,185.49
Plus GTL (C-Box 12)	43.64	43.64	43.64
Less 401(k) (D-Box 12)	1,548.00	N/A	N/A
Less Other Cafe 125	184.00	184,00	184.00
Less Cafe 125 HSA (W-Box 12)	600.00	600.00	600,00
Less Exempt Wages	N/A	70,445.13	70,445.13
Reported W-2 Wages	68,897.13	0.00	0.00

Note - Fringe benefits include: Other \$7,000.00

2. Employee Name and Address.

SRIAAKASH MANDAVILLI 4512 MANDALIN ST PFLUGERVILLE TX 78660

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1	Wages, tips, other comp. 68897.13		2 Federa	il income	tax withheld 13832.38
3	Social security wages		4 Social	security	tax withheld
5	Medicare wages and tips		6 Medica	are tax w	ithheld
d	Control number	Dept	Corp.	Emple	yer use only
04	1278 LOS2/YPT	791900		A	23790

Employer's name, address, and ZIP code 602-201-54

AMAZON COM SERVICES LLC
PO BOX 80726
SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4819		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 C 43.64		
14	Other	12b D ₁ 1548.00		
		12c W 724.98		
		12d DD 2555.24		
		13 Stat emp. Ret. plan 3rd party sick pay		

ef Employee's name, address and ZIP code SRIAAKASH MANDAVILLI 4512 MANDALIN ST PFLUGERVILLE TX 78660

15 State TX	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 2021
Statement
Copy B to be filled with employee's Federal Income Tax Return.

1	Wages, tips, other comp. 68897.13		2 Federal income tax withheld 13832.38		
3	Social security wages		4 Social security tax withheld		
5	Medicare wages and tips		6 Medic	are tax w	ithheld
d	Control number	Dept.	Corp.	Emplo	yer use only
04	41278 LOS2/YPT 791900			A	23790
c	Employer's name, a	ddress, ar	nd ZIP coo	e 602	-201-54

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

ь	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4819	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a C 43.64	
14	Other	12b D 1548.00	,
		12c W 724.9	8
		12d DD 2555.24	4
		13 Stat emp. Ret. plan 3rd party si	ck pay

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

SRIAAKASH MANDAVILLI 4512 MANDALIN ST PFLUGERVILLE TX 78660

15 State TX	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	_

W-2 Wage and Tax 2021
Statement
Statement

1	Wages, tips, other comp. 68897.13		2 Federal income tax withhe 13832.3			tax withheld 13832.38
3	Social security wages		4	Social	security	tax withheld
5	Medicare wages and tips		6	Medica	are tax w	ithheld
d	Control number	Dept		Corp.	Emp	loyer use only
04	041278 LOS2/YPT 791900				A	23790
С	Employer's name, a	ddress, a	nd	ZIP cod	e 602	-201-54

AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108

b	Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-4819	
7	Social security tips	8 Allocated tips	
9		10 Dependen	it care benefits
11	Nonqualified plans	12a C	43.64
14	Other	12b D	1548.00
		12c W	724.98
		12d DD	2555.24
		13 Stat emp. R	et. plan 3rd party sick pay
-			

SRIAAKASH MANDAVILLI 4512 MANDALIN ST PFLUGERVILLE TX 78660

15 T	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

W-2 Wage and Tax 2021
Statement

1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld 700.73
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only	a Employee's SSA number	Employer use only
692-81-4819	Employer use only	692-81-4819	
b Employer's FED ID number 74-6002248	d Control number 00146880	b Employer's FED ID number 74-6002248	d Control number 00146880
c Employer's name, address, and ZIP code Texas State University 601 University Drive San Marcos TX 78666-461		c Employer's name, address, and ZIP code Texas State University 601 University Drive San Marcos TX 78666-46	15
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b
Employee plan Sick pay	The state of the s	Employee plan Sick pay	
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last name	ne Suff.	e Employee's first name and initial Last na	ame Suff.
Sri Aakash Mandavilli 1230 N Lbj Dr Apt 814 San Marcos TX 78666-380	1	Sri Aakash Mandavilli 1230 N Lbj Dr Apt 814 San Marcos TX 78666-38(01
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc
16 State wages, tips, etc.	19 Local income tax	16 State wages, tips, etc.	19 Local income tax
17 State income tax	20 Locality name	17 State income tax	20 Locality name
Form OMB. No. 1545-0008	Dept, of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. 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 fall to report it.	Form _ OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue
3 Social secunty wages 5 Medicare wages and tips a Employee's SSA number	4 Social security tax withheld 6 Medicare tax withheld Employer use only	3 Social security wages 5 Medicare wages and tips a Employee's SSA number	1 700.73 4 Social security tax withheld 6 Medicare tax withheld Employer use only
692-81-4819 b Employer's FEU ID number	d Control number	692-81-4819 b Employer's FED ID number	d Control number
74-6002248 c Employer's name, address, and ZIP code	00146880	74-6002248 c Employer's name, address, and ZIP code	00146880
Texas State University 601 University Drive San Marcos TX 78666-4615	5	Texas State University 601 University Drive San Marcos TX 78666-46	15
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualitied plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b
	1 - 22,000		
14 Other	12c	14 Other	12c
	12d		12d
e Employee's first name and initial Last nam Sri Aakash Mandavilli 1230 N Lbj Dr Apt 814 San Marcos TX 78666-3801 Employee's address and ZIP code		e Employee's first name and initial Last no Sri Aakash Mandavilli 1230 N Lbj Dr Apt 814 San Marcos TX 78666-38	- Cont
5 State Employer's state ID	18 Local wages, tips, etc	15 State Employer's state ID	18 Local wages, tips, etc
6 State wages, tips, etc.	19 Local income tax	16 State wages, tips, etc.	19 Local income tax
7 State income tax	20 Locality name	17 State income tax	20 Locality name
Form OMB. No. 1545-0008			