2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number

RK/N56 Employer's name, address, and ZIP code

Employer use only

APLOMB TECHNOLOGIES 101 COLLEGE ROAD EAST 3RD FLOOR-SUITE 301 PRINCETON, NJ 08540

Batch #91666

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

ABHINAY KORUKONDA 11813 CHASE WELLESLEY HENRICO, VA 23233

Employer's FED ID number a Employee's SSA numbe 45-4175774 XXX-XX-2846 Wages, tips, other comp. Federal income tax withheld 14480.00 1850.60 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 13 Stat emp Ret. plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. VA 30454175774F001 144 14480.00 17 State income tax 8 Local wages, tips, etc. 702.91 19 Local income tax 20 Locality name

Wages, tips, other c 14480.00 1850.60 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000405 RK/N56 Employer's name, address, and ZIP code

APLOMB TECHNOLOGIES 101 COLLEGE ROAD EAST 3RD FLOOR-SUITE 301 PRINCETON, NJ 08540

| b | Employer's FED ID number 45-4175774 | a Employee's SSA number XXX-XX-2846 | | | |
|-----|---|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | |
| 9 | | 10 Dependent care benefits | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | | | |
| 14 | Other | 12b | | | |
| Ì | | 12c | | | |
| Ì | | 12d | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pay | | | |
| e/f | e/f Employee's name, address and ZIP code | | | | |

ABHINAY KORUKONDA 11813 CHASE WELLESLEY HENRICO, VA 23233

| 15 \ | State /A | Employer's state ID no. 30454175774F001 | 16 State wages, tips, etc. 14480.00 |
|----------------|-------------|---|--|
| 17 | State | income tax 702.91 | 18 Local wages, tips, etc. |
| 19 | Local | income tax | 20 Locality name |
| _ | | Federal Fili | ing Copy |

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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 Social Security Medicare VA. State Wages, Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2

Gross Pay 14,480.00 14,480.00 14,480.00 14,480.00 Reported W-2 Wages 14,480.00 0.00 0.00 14,480.00

2. Employee Name and Address.

ABHINAY KORUKONDA 11813 CHASE WELLESLEY DR HENRICO, VA 23233

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| 1 Wages, tips, other comp. 14480.00 | 2 Federal income tax withheld 1850.60 | | |
|--|---|--|--|
| 3 Social security wages | 4 Social security tax withheld | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| d Control number Dept. | Corp. Employer use only | | |
| 000405 RK/N56 | | | |
| c Employer's name, address, a | | | |
| APLOMB TECHNOLOGIES INC 101 COLLEGE ROAD EAST 3RD FLOOR-SUITE 301 PRINCETON, NJ 08540 | | | |
| b Employer's FED ID number 45-4175774 | a Employee's SSA number | | |
| 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 a | nd ZIP code | | |
| ABHINAY KORUKONDA 11813 CHASE WELLESLEY DR HENRICO, VA 23233 | | | |
| 15 State Employer's state ID no. 30454175774F001 | 14480.00 | | |
| 17 State income tax 702.91 | 18 Local wages, tips, etc. | | |
| 19 Local income tax | 20 Locality name | | |
| VA.State Reference Copy Wage and Tax Statement VA.State Reference Copy Wage And Tax Statement | | | |

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

| 1 | Wages, tips, other | comp. 480.00 | 2 Federa | il income tax withheld 1850.60 | |
|----|--|-----------------|-------------------------|-----------------------------------|--|
| 3 | Social security wa | ges | 4 Social | security tax withheld | |
| 5 | Medicare wages a | nd tips | 6 Medicare tax withheld | | |
| d | Control number | Dept. | Corp. | Employer use only | |
| 00 | 0405 RK/N5 | 6 | | | |
| С | Employer's name, address, and ZIP code | | | | |
| | APLOMB TECHNOLOGIES INC | | | | |

101 COLLEGE ROAD EAST 3RD FLOOR-SUITE 301 PRINCETON, NJ 08540

| b | Employer's FED ID number 45-4175774 | a Employee's SSA number XXX-XX-2846 | | |
|----|-------------------------------------|--|--|--|
| 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 pa | | |

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

ABHINAY KORUKONDA 11813 CHASE WELLESLEY DR HENRICO, VA 23233

| 15 State VA | Employer's state ID no. 30454175774F001 | 16 | State wages, tips, etc. 14480.00 |
|-------------|---|----|----------------------------------|
| 17 State | income tax | 18 | Local wages, tips, etc. |
| | 702.91 | | |
| 19 Local | income tax | 20 | Locality name |
| | V/Δ State Fili | nn | ı Conv |

Wage and Tax Statement copy 2 to be filed with employee's State Income Tax Return.