

2021 W-2 and EARNINGS SUMMARY



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.

| | | | |
|---|---|-------------------------------|-------------------|
| Employee Reference Copy | | | |
| W-2 | | Wage and Tax Statement | |
| Copy C for employee's records. | | OMB No. 1545-0008 | |
| d Control number | Dept. | Corp. | Employer use only |
| 001437 SANF/WCE | RD0008 | | T 204 |
| c Employer's name, address, and ZIP code | | | |
| RAHI SYSTEMS INC 48303 FREMONT BLVD FREMONT CA 94538 | | | |
| Batch #01684 | | | |
| e/f Employee's name, address, and ZIP code | | | |
| ANKIT PANDEY 8455 OFFENHAUSER DRIVE APT 1424 RENO NV 89511 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 46-1513070 | XXX-XX-2668 | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 67231.97 | 9573.12 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 71003.10 | 4402.19 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 71003.10 | 1029.54 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | C 72.00 | | |
| 14 Other | 12b D 3771.13 | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | X | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| NV | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

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 | NV. State Wages, Tips, Etc. Box 16 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay | 71,461.32 | 71,461.32 | 71,461.32 | |
| Plus GTL (C-Box 12) | 72.00 | 72.00 | 72.00 | |
| Less 401(k) (D-Box 12) | 3,771.13 | N/A | N/A | |
| Less Other Cafe 125 | 530.22 | 530.22 | 530.22 | |
| Reported W-2 Wages | 67,231.97 | 71,003.10 | 71,003.10 | |

2. Employee Name and Address.

ANKIT PANDEY
8455 OFFENHAUSER DRIVE
APT 1424
RENO NV 89511

© 2021 ADP, Inc.

Fold and Detach Here

| | | | |
|--|---|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 67231.97 | 9573.12 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 71003.10 | 4402.19 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 71003.10 | 1029.54 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 001437 SANF/WCE | RD0008 | | T 204 |
| c Employer's name, address, and ZIP code | | | |
| RAHI SYSTEMS INC 48303 FREMONT BLVD FREMONT CA 94538 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 46-1513070 | XXX-XX-2668 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | C 72.00 | | |
| 14 Other | 12b D 3771.13 | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | X | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| NV | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

| | | | |
|--|---|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 67231.97 | 9573.12 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 71003.10 | 4402.19 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 71003.10 | 1029.54 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 001437 SANF/WCE | RD0008 | | T 204 |
| c Employer's name, address, and ZIP code | | | |
| RAHI SYSTEMS INC 48303 FREMONT BLVD FREMONT CA 94538 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 46-1513070 | XXX-XX-2668 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | C 72.00 | | |
| 14 Other | 12b D 3771.13 | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | X | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| NV | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| | | | |
| 19 Local income tax | 20 Locality name | | |
| | | | |

| | | | |
|--|---|----------------------------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 67231.97 | 9573.12 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 71003.10 | 4402.19 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 71003.10 | 1029.54 | | |
| d Control number | Dept. | Corp. | Employer use only |
| 001437 SANF/WCE | RD0008 | | T 204 |
| c Employer's name, address, and ZIP code | | | |
| RAHI SYSTEMS INC 48303 FREMONT BLVD FREMONT CA 94538 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 46-1513070 | XXX-XX-2668 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | C 72.00 | | |
| 14 Other | 12b D 3771.13 | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | |
| | X | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| NV | | | |
| 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 **2021**
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

NV. State Reference Copy
W-2 Wage and Tax Statement **2021**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

NV. State Filing Copy
W-2 Wage and Tax Statement **2021**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008