2021 W-2 and EARNINGS SUMMARY



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

d Control number Dept. Corp. Employer use only

000066 K7/PCG c Employer's name, address, and ZIP code

ARV SYSTEMS INC 1212 TOWANDA AVE UNIT UPPER EAST BLOOMINGTON, IL 61701

Batch #99786

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

PRANEETHA PATLOLLA 206 5TH AVE N APT 614 SEATTLE, WA 98109

b	Employer's FED ID number 83-1372638	a Employee's SSA number XXX-XX-1974			
1	Wages, tips, other comp.	2 Federal income tax withheld			
	48064.77	6483.63			
3	Social security wages	4 Social security tax withheld			
	48064.77	2980.02			
5	Medicare wages and tips	6 Medicare tax withheld			
	48064.77	696.94			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
14	Other	12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
15	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			

ARV SYSTEMS INC 1212 TOWANDA AVE UNIT UPPER EAST BLOOMINGTON, IL 61701

b	Employer's FED ID number 83-1372638	nber a Employee's SSA number XXX-XX-1974				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See	instruction	s for box 12		
14	Other	12b				
		12c	l			
		12d	İ			
		13 Stat em	p Ret. plan	3rd party sick pay		
e/f	Employee's name, address ar	nd ZIP cod	de			

PRANEETHA PATLOLLA 206 5TH AVE N APT 614 SEATTLE, WA 98109

15	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
					mai Camir

Federal Filing Copy

Wage and Tax 2021

Statement
Copy B to be filed with employee's Federal Income Tax Return. 1545-0008

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 Compensation Wages Wages Box 5 of W-2 Box 1 of W-2 Box 3 of W-2 49,800.00 49,800.00 49,800.00 Gross Pay Less Other Cafe 125 1,735.23 1,735.23 1,735.23 Reported W-2 Wages 48,064.77 48,064.77 48,064.77

2. Employee Name and Address.

PRANEETHA PATLOLLA 206 5TH AVE N APT 614 SEATTLE, WA 98109

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1	Wages, tips, other comp. 48064.77	2 Federal income tax withheld 6483.63					
3	Social security wages 48064.77	4 Social security tax withheld 2980.02					
5	Medicare wages and tips 48064.77	6 Medicare tax withheld 696.94					
d	Control number Dept.	Corp. Employer use only					
00	0066 K7/PCG	29					
С	Employer's name, address, a	nd ZIP code					
	UNIT UPPER EAST BLOOMINGTON, IL 61701						
b	Employer's FED ID number 83-1372638	a Employee's SSA number XXX-XX-1974					
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							
PRANEETHA PATLOLLA 206 5TH AVE N APT 614 SEATTLE, WA 98109							

SEA		_E, WA 90109
15 S	tate	Employer's state ID no. 16 State wages, tips, etc.
17 S	tate	income tax 18 Local wages, tips, etc.
19 L	ocal	income tax 20 Locality name
		State Reference Copy
11/	M	_ Wage and Tax 7071

Statement

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

1 Wages, tips, other comp. 48064.77				2 Federal income tax withheld 6483.63				
3	Social security wag	es 64. 77	4	4 Social security tax withheld 2980.02				
5	Medicare wages and 480	d tips 64.7 7	6	Medica	re tax withheld 696.94			
d	Control number	Dept.		Corp.	Employer use only			
0.0	0066 K7/PCG				29			

c Employer's name, address, and ZIP code

ARV SYSTEMS INC

1212 TOWANDA AVE UNIT UPPER EAST BLOOMINGTON, IL 61701

b	Employer's FED ID number 83-1372638	a Employee's SSA number XXX-XX-1974				
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

PRANEETHA PATLOLLA 206 5TH AVE N APT 614 SEATTLE, WA 98109

15	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

City or Local Reference Copy

Wage and Tax 2021

Statement Office Vision of Statement Copy 2 to be filed with employee's City or Local Income Tax Return.