2021 W-2 and EARNINGS SUMMARY

VA. State Re	ference Copy			
VV - Z State	and Tax 2021			
Copy 2 to be filed with employee's Sta d Control number Dept.				
252039 TN7 030001 c Employer's name, address,	BGK0 S 28808			
MAXIMUS SERVICES 1891 METRO CENTE RESTON, VA 20190	S LLC R DRIVE			
e/f Employee's name, address,	and 7ID code			
KIRAN MACHA 2224 GROVEMONT DULUTH, GA 30096	OR .			
b Employer's FED ID number 83-2064210	a Employee's SSA number XXX-XX-3515			
1 Wages, tips, other comp. 132719 . 40	2 Federal income tax withheld 22616.55			
Social security wages	4 Social security tax withheld			
142800.00 Medicare wages and tips	8853.60 6 Medicare tax withheld			
143848.96 Social security tips	8 Allocated tips			
1	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C 58.24			Social Security Number: XXX-XX-3515
14 Other	12b D 11129.56	KIRAN MACHA 2224 GROVEMONT DF	3	* *************************************
	13 Stat emp. Ret. plan 3rd party sick pay	DULUTH, GA 30096		
15 State Employer's state ID n VA 30-832064210F-001 17 State income tax	0. 16 State wages, tips, etc. 98624 . 40 18 Local wages, tips, etc.			
19 Local income tax	20 Locality name	© 2021 ADP, Inc.	DAGE 00 05 00	
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1 Wages, tips, other comp. 132719.40	2 Federal income tax withheld 22616.55			
3 Social security wages 142800.00	4 Social security tax withheld 8853.60			
Medicare wages and tips 143848.96	6 Medicare tax withheld 2085.70			
Control number Dept. 030001	Corp. Employer use only BGK0 28808			
Employer's name, address, MAXIMUS SERVICES 1891 METRO CENTE RESTON, VA 2019	S LLC ER DRIVE			
Employer's FED ID number 83 - 2064210 Social security tips	a Employee's SSA number XXX-XX-3515 8 Allocated tips			
1	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C 58.24			
4 Other	^{12b} D 11129.56			
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	13 Stat emp. Ret. plan 3rd party sick pay			
ef Employee's name, address a KIRAN MACHA 2224 GROVEMONT D DULUTH, GA 30096	OR .		HORE	
5 State Employer's state ID no	o. 16 State wages, tips, etc.		FTACH	
	GREAT ALL			
VA 30-832064210F-001	98624.40 8		AND	
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2021 W-2 and EARNINGS SUMMARY

Employee Re	eference Copy
W-2 Wage a	ind Tax 2021
Copy C for employee's records. Control number Dept.	Corp. Employer use only
252039 TN7 030001	BGK0 S 28807
Employer's name, address,	
MAXIMUS SERVICES 1891 METRO CENTE RESTON, VA 20190	R DRIVE
ef Employee's name, address, KIRAN MACHA 2224 GROVEMONT D DULUTH, GA 30096	R
Employer's FED ID number	a Employee's SSA number XXX - XX - 3515
83-2064210 1 Wages, tips, other comp. 132719.40	2 Federal income tax withheld 22616.55
3 Social security wages 142800.00	4 Social security tax withheld 8853.60
5 Medicare wages and tips 143848.96	6 Medicare tax withheld 2085.70
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 58.24
14 Other	12b D 111129.56 12c 12d 13 Stat emp. Ret. plan 3rd party sick page
15 State Employer's state ID no TOTAL STATE	D. 16 State wages, tips, etc.
17 State income tax 1789.68	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
1 Wages, tips, other comp. 132719.40	2 Federal income tax withheld 22616.55
3 Social security wages 142800.00	4 Social security tax withheld 8853.60
5 Medicare wages and tips 143848.96	6 Medicare tax withheld 2085.70
d Control number Dept.	Corp. Employer use only

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 143,848.96 SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 FED. INCOME TAX WITHHELD BOX 02 OF W-2 2,085.70 22,616.55 MEDICARE TAX WITHHELD BOX 06 OF W-2 STATE INCOME TAX 1,789.68 0.00 SUI/SDI BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

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

KIRAN MACHA 2224 GROVEMONT DR DULUTH, GA 30096

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Social Security Number: XXX-XX-3515

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PAGE 01 OF 02

3 Social security wages 142800.00		4 Social security tax withheld 8853.60		
5 Medicare wages and tips 143848.96		6 Medicare tax withheld 2085.70		
d Control number 252039 TN7 0	Dept. 30001	Corp. BGK0	Employe	er use only 28807
MAXIMUS SERV 1891 METRO C RESTON, VA	VICES	LLC		
b Employer's FED ID no 83 - 2064210		a Emplo	yee's SSA XXX-X	number X-3515
7 Social security tips		8 Allocated tips		
9		10 Dependent care benefits		
11 Nonqualified plans		12a See instructions for box 12 C 58.24		
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		13 Stat emp	Ret. plan 3rd	l party sick pay
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17 State income tax 1789	.68	18 Local	wages, tips	, etc.
19 Local income tax		20 Locality name		

19 Local income tax

Federal Filing Copy Wage and Tax

Statement

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3 Social security wa	Social security wages 142800.00		4 Social security tax withheld 8853.60			
Medicare wages and tips 143848.96		6 Medicare tax withheld 2085.70				
d Control number 252039 TN7			Employer use only 28807			
MAXIMUS SE 1891 METRO RESTON, VA	CENTE	R DRIVE				
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Social security tips		8 Allocated tips				
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		13 Stat emp.	Ret. plan 3rd party sick par			
e/f Employee's name KIRAN MACH 2224 GROVEI DULUTH, GA	IA MONT D	R				
15 State Employer's GA 3315107-F	state ID no	. 16 State w	ages, tips, etc. 34095.00			
17 State income tax	89.68	18 Local w	ages, tips, etc.			
		20 Locality name				
19 Local income tax		20 Locality	/ name			

Wage and Tax

Statement

1 Wages, tips, other comp. 132719.40		2 Federal income tax withheld 22616.55					
3 Socia	cial security wages 142800 . 00		4 Social	4 Social security tax withheld 8853.60			
5 Medi	Medicare wages and tips 143848, 96		6 Medicare tax withheld 2085,70				
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KIRA 2224 DULI 15 State GA 17 State	N MACHA GROVEM JTH, GA Employer's s 3315107-FF	ONT D 30096	nd ZIP code	X vages, tip	os, etc. 34095.00		

GA. State Filing Copy

Wage and Tax

Statement