Employee Re	ference Copy					
W-2 Wage a	and Tax <b>7771</b>					
	<b>VV-Z</b> Statement <b>ZUZ</b>					
Copy C for employee's records.						
d Control number Dept.	Corp. Employer use only					
000004 K7/AZ9	A 10					
c Employer's name, address,	and ZIP code					
CIBERLYNX INC						
	JT HILL LN STE 2275					
IRVING. TX 750						
	Batch #91487					
e/f Employee's name, address,	and ZIP code					
PADMAJAKSHI DALAVAI R	AMACHANDRA					
1347 MEADOW CREEK DR						
IRVING, TX 75038						
b Employer's FED ID number	a Employee's SSA number					
81-4310365 1 Wages, tips, other comp.	2 Federal income tax withheld					
94320.00 <sup>3</sup> Social security wages	4 Social security tax withheld					
<sup>3</sup> Social security wages 94320.00	4 Social security tax withheid 5847.84					
5 Medicare wages and tips	6 Medicare tax withheld					
94320.00	1367.64					
7 Social security tips	8 Allocated tips					
9	10 Dependent care benefits					
11 Nonqualified plans	12a See instructions for box 12					
	12b					
14 Other	12c					
	12d					
	13 Stat emp. Ret. plan 3rd party sick p					
15 State Employer's state ID no	16 State wages tips etc.					
17 State income tax	18 Local wages, tips, etc.					
	io Local wayes, ups, etc.					
19 Local income tax	20 Locality name					

## 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.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

			Box
Gross P	ay		
Reported W	V-2	Wages	

Wages, Tips, other	Social Security		
Compensation	Wages		
Box 1 of W-2	Box 3 of W-2		
94,320.00	94,320.00		
<b>94,320.00</b>	<b>94,320.00</b>		

Wages Box 5 of W-2 94,320.00 94,320.00

Medicare

2. Employee Name and Address.

PADMAJAKSHI DALAVAI RAMACHANDRA 1347 MEADOW CREEK DR APT 165 IRVING, TX 75038

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1 Wages, tips, other comp. 94320.00	2 Federal income tax withheld 14683.92	1 Wages, tips, other comp. 94320.00	2 Federal income tax withheld 14683.92	1 Wages, tips, other comp. 94320.00	2 Federal income tax withheld 14683.92
3 Social security wages 94320.00	4 Social security tax withheld 5847.84	3 Social security wages 94320.00	4 Social security tax withheld 5847.84	<sup>3</sup> Social security wages 94320.00	4 Social security tax withheld 5847.84
5 Medicare wages and tips 94320.00	6 Medicare tax withheld 1367.64	5 Medicare wages and tips 94320.00 6 Medicare tax withheld 1367.64		5 Medicare wages and tips 94320.00 6 Medicare tax withheld 1367	
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000004 K7/AZ9	A 10	000004 K7/AZ9	A 10	000004 K7/AZ9	A 10
c Employer's name, address, a	c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code		nd ZIP code	c Employer's name, address, a	nd ZIP code
CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038 CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038		CIBERLYNX INC 1200 W WALNUT HILL LN STE 2275 IRVING, TX 75038			
b Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-8404	b Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-8404	b Employer's FED ID number 81-4310365	a Employee's SSA number XXX-XX-8404
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		12c		12c
	12d		12d		12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick part
e/f Employee's name, address an	ddress and ZIP code e/f Employee's name, address and ZIP code		e/f Employee's name, address and ZIP code		
PADMAJAKSHI DALAVAI RA	MACHANDRA	PADMAJAKSHI DALAVAI RAMACHANDRA		PADMAJAKSHI DALAVAI RAMACHANDRA	
1347 MEADOW CREEK DR A	PT 165	1347 MEADOW CREEK DR APT 165		1347 MEADOW CREEK DR APT 165	
IRVING, TX 75038		IRVING, TX 75038		IRVING, TX 75038	
15 State Employer's state ID no.	16 State wages, tips, etc.	15 State Employer's state ID no	. 16 State wages, tips, etc.	15 State Employer's state ID no	. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fil	ing Copy	State Refe	erence Copy	City or Local	Reference Copy
W-2 Wage and Tax 2021 Statement Statement Copy 2 to be filed with employee's State Income Tax Return. Statement Copy 2 to be filed with employee's State Income Tax Return. Statement Copy 2 to be filed with employee's State Income Tax Return.		nt OMB No 1545-0008	W-2 Wage and Tax 2021 Statement Copy 2 to be filed with employee's City or Local Income Tax Refurm.		