



**W-2** Wage and Tax Statement  
 Copy C for employee's records.  
 Reference Copy 2021  
 OMB No. 1545-0008

**d** Control number 000089 Dept. RM/6DI Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
**SINGULAR ANALYSTS INC**  
 17440 DALLAS PARKWAY  
 SUITE 250  
 DALLAS, TX 75287  
 Batch #91850

**e/f** Employee's name, address, and ZIP code  
**TEJASVI REDDY YERUVA**  
 1317 MEADOW CREEK DR  
 APT# 235  
 IRVING, TX 75038

**b** Employer's FED ID number 46-1614086 **a** Employee's SSA number XXX-XX-0535

<b>1</b> Wages, tips, other comp. <b>96000.00</b>	<b>2</b> Federal income tax withheld <b>14107.56</b>
<b>3</b> Social security wages <b>96000.00</b>	<b>4</b> Social security tax withheld <b>5952.00</b>
<b>5</b> Medicare wages and tips <b>96000.00</b>	<b>6</b> Medicare tax withheld <b>1392.00</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	96,000.00	96,000.00	96,000.00
Reported W-2 Wages	96,000.00	96,000.00	96,000.00

2. Employee Name and Address.

**TEJASVI REDDY YERUVA**  
 1317 MEADOW CREEK DR  
 APT# 235  
 IRVING, TX 75038

© 2021 ADP, Inc.

<b>1</b> Wages, tips, other comp. <b>96000.00</b>	<b>2</b> Federal income tax withheld <b>14107.56</b>
<b>3</b> Social security wages <b>96000.00</b>	<b>4</b> Social security tax withheld <b>5952.00</b>
<b>5</b> Medicare wages and tips <b>96000.00</b>	<b>6</b> Medicare tax withheld <b>1392.00</b>
<b>d</b> Control number 000089 Dept. RM/6DI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>SINGULAR ANALYSTS INC</b> 17440 DALLAS PARKWAY SUITE 250 DALLAS, TX 75287	
<b>b</b> Employer's FED ID number 46-1614086	<b>a</b> Employee's SSA number XXX-XX-0535
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>TEJASVI REDDY YERUVA</b> 1317 MEADOW CREEK DR APT# 235 IRVING, TX 75038	
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

<b>1</b> Wages, tips, other comp. <b>96000.00</b>	<b>2</b> Federal income tax withheld <b>14107.56</b>
<b>3</b> Social security wages <b>96000.00</b>	<b>4</b> Social security tax withheld <b>5952.00</b>
<b>5</b> Medicare wages and tips <b>96000.00</b>	<b>6</b> Medicare tax withheld <b>1392.00</b>
<b>d</b> Control number 000089 Dept. RM/6DI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>SINGULAR ANALYSTS INC</b> 17440 DALLAS PARKWAY SUITE 250 DALLAS, TX 75287	
<b>b</b> Employer's FED ID number 46-1614086	<b>a</b> Employee's SSA number XXX-XX-0535
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>TEJASVI REDDY YERUVA</b> 1317 MEADOW CREEK DR APT# 235 IRVING, TX 75038	
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

<b>1</b> Wages, tips, other comp. <b>96000.00</b>	<b>2</b> Federal income tax withheld <b>14107.56</b>
<b>3</b> Social security wages <b>96000.00</b>	<b>4</b> Social security tax withheld <b>5952.00</b>
<b>5</b> Medicare wages and tips <b>96000.00</b>	<b>6</b> Medicare tax withheld <b>1392.00</b>
<b>d</b> Control number 000089 Dept. RM/6DI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>SINGULAR ANALYSTS INC</b> 17440 DALLAS PARKWAY SUITE 250 DALLAS, TX 75287	
<b>b</b> Employer's FED ID number 46-1614086	<b>a</b> Employee's SSA number XXX-XX-0535
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>TEJASVI REDDY YERUVA</b> 1317 MEADOW CREEK DR APT# 235 IRVING, TX 75038	
<b>15</b> State Employer's state ID no.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

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

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

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