



Employee Reference Copy
W-2 Wage and Tax Statement 2021
OMB No. 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.

c Control number				Dept	Corp.	Employer use only	
004123 SANF/QGG				000610		T 11	
c Employer's name, address, and ZIP code							
THE SOLARIA CORPORATION 45700 NORTHPORT LOOP E FREMONT CA 94538							
Batch #01427							
e/f Employee's name, address, and ZIP code							
VISWA SAI PAVAN BUDDHA 1000 BEETHOVEN COMMON APT 306 FREMONT CA 94538							
b Employer's FED ID number				a Employee's SSA number			
85-0481913				XXX-XX-2361			
1 Wages, tips, other comp.		2 Federal income tax withheld					
3 Social security wages		4 Social security tax withheld					
5 Medicare wages and tips		6 Medicare tax withheld					
7 Social security tips		8 Allocated tips					
9		10 Dependent care benefits					
11 Nonqualified plans		12a See instructions for box 12					
		D 2081.64					
14 Other		12b					
981.70 SDI		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
		X					
15 State		Employer's state ID no.		16 State wages, tips, etc.			
CA		227-3648 2		79726.92			
17 State income tax		18 Local wages, tips, etc.					
4796.69							
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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	82,388.92	82,388.92	82,388.92	82,388.92
Less 401(k) (D-Box 12)	2,081.64	N/A	N/A	2,081.64
Less Other Cafe 125	580.36	580.36	580.36	580.36
Less Exempt Wages	79,726.92	81,808.56	81,808.56	N/A
Reported W-2 Wages	0.00	0.00	0.00	79,726.92

2. Employee Name and Address.

VISWA SAI PAVAN BUDDHA
1000 BEETHOVEN COMMON
APT 306
FREMONT CA 94538

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1 Wages, tips, other comp.		2 Federal income tax withheld					
3 Social security wages		4 Social security tax withheld					
5 Medicare wages and tips		6 Medicare tax withheld					
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VISWA SAI PAVAN BUDDHA 1000 BEETHOVEN COMMON APT 306 FREMONT CA 94538							
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17 State income tax		18 Local wages, tips, etc.					
4796.69							
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.

1 Wages, tips, other comp.		2 Federal income tax withheld					
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4796.69							
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CA. State Reference Copy
W-2 Wage and Tax Statement 2021
Copy 2 to be filed with employee's State Income Tax Return.

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W-2 Wage and Tax Statement 2021
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Employee Reference Copy
W-2 Wage and Tax Statement 2021
OMB No. 1545-0008

Copy C for employee's records
d Control number Dept Corp Employer use only
056394 CL12/FBH 027410 A 11

c Employer's name, address, and ZIP code
**GAF ENERGY LLC
STANDARD INDUSTRIES I
1 CAMPUS DR
PARSIPPANY NJ 07054**

Batch #02535

e1 Employee's name, address, and ZIP code
**VISWA SAI PAVAN BUDDHA
1000 BEETHOVEN COMMON
APT 306, UNIT 21
FREMONT CA 94538**

b Employer's FED ID number 83-2526036	a Employee's SSA number XXX-XX-2361
1 Wages, tips, other comp. 28624.09	2 Federal income tax withheld 5171.32
3 Social security wages 28911.59	4 Social security tax withheld 1792.52
5 Medicare wages and tips 28911.59	6 Medicare tax withheld 419.22
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 287.50
14 Other 348.94 SDI	12b DD 1163.12
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay X
15 State Employer's state ID no. CA 106-0435 3	16 State wages, tips, etc. 28624.09
17 State income tax 2323.39	18 Local wages, tips, etc.
19 Local income tax	20 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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	29,166.68	29,166.68	29,166.68	29,166.68
Less 401(k) (D-Box 12)	287.50	N/A	N/A	287.50
Less Other Cafe 125	255.09	255.09	255.09	255.09
Reported W-2 Wages	28,624.09	28,911.59	28,911.59	28,624.09

2. Employee Name and Address.

**VISWA SAI PAVAN BUDDHA
1000 BEETHOVEN COMMON
APT 306, UNIT 21
FREMONT CA 94538**

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056394 CL12/FBH 027410 A 11

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**GAF ENERGY LLC
STANDARD INDUSTRIES I
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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

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PARSIPPANY NJ 07054**

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Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251 600120
2021

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) VISWA SAI PAVAN BUDDHA		2 Social security number (SSN) ***-**-2361		7 Name of employer GAF ENERGY LLC		8 Employer identification number (EIN) 83-2526036	
3 Street address (including apartment no.) 1000 BEETHOVEN COMMON APT 306, UNIT 21				9 Street address (including room or suite no.) 1 CAMPUS DRIVE		10 Contact telephone number 855-564-6155	
4 City or town FREMONT		5 State or province CA		6 Country and ZIP or foreign postal code 94538		11 City or town PARSIPPANY	
				12 State or province NJ		13 Country and ZIP or foreign postal code 07054	

Part II Employee Offer of Coverage Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 146.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

18 (a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 VISWA SAI PAVAN BUDDHA	***-**-2361															X	X
19																	
20																	
21																	
22																	
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