## 2021 W-2 and EARNINGS SUMMARY

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

d Control number Ombose's records.

d Control number Ombose's Percords.

d Control number Ombose's Percords.

d Control number Ombose's Percords.

Employer use only N160 E S 15266

Employer's name, address, and ZIP code BLOOMBERG L P

BLOOMBERG L P
731 LEXINGTON AVENUE
NEW YORK, NY 10022

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

SAIVIVEK G SHERLA 416 101ST AVE SE APT 101 BELLEVUE, WA 98004

Employer's FED ID number 13-3417984					•						
73219.60	b	Emplo			а	Emp	loy				
3   Social security wages   73219.60   4   Social security tax withheld   4539.62   5   Medicare wages and tips   73219.60   6   Medicare tax withheld   1061.68   7   Social security tips   8   Allocated tips   8   Allocated tips   10   Dependent care benefits   11   Nonqualified plans   12a   See instructions for box 12   C   7.50     7.50     12b   DD   753.08     12c       12d       13   State mpp.   Ret. plan   3rd party sick   15   State   Employer's state ID no.   16   State wages, tips, etc.   17   State income tax   18   Local wages, tips, etc.   19   Ret. plan	1	Wages	s, tips, other	comp.	2	Fede	eral	incom	ne	tax withl	neld
T3219.60			73	219.60					1	5819.7	0
Table   Tabl	3	Social	security wa	iges	4	Soci	ial	securit	у	tax withh	neld
T3219.60   T061.68			73	219.60						4539.6	2
11 Nonqualified plans   12a See instructions for box 12	5	Medica	are wages a	nd tips	6	Med	icar	e tax	wit	hheld	
10 Dependent care benefits   11 Nonqualified plans   12a See instructions for box 12			73	219.60						1061.6	8
11 Nonqualified plans   12a See instructions for box 12	7	Social	security tip	s	8	Allo	cate	d tips			
14 Other	9				10	Dep	end	ent ca	re	benefits	
12c       12d	11	Nonqu	alified plans	<b>i</b>	12a	See	instr	uctions	fo		50
12c         12d         13 State emp.   Ret. plan   3rd party sick     15 State	11	Othor	374.11 NY	' PFL			D			753	.08
15   State   Employer's state ID no.   16   State wages, tips, etc.     17   State   income tax     18   Local wages, tips, etc.	14	Other									
15 State Employer's state ID no. 16 State wages, tips, etc.  NY 133417984 1 73219.60  17 State income tax 8867.46											
NY 133417984 1 73219.60  17 State income tax 8867.46 18 Local wages, tips, etc.					13	Stat	emp.	Ret. pl	an	3rd party	sick pay
17 State income tax 8867.46 18 Local wages, tips, etc.	15	State	Employer's	state ID no	16	State	e w	ages,	tip	s, etc.	
8867.46		NY	133417984	1					7	3219.6	60
19 Local income tax 20 Locality name	17	State i		867.46	18	Loca	al w	ages,	tip	s, etc.	
	19	Local	income tax		20	Loca	ality	name			

1	Wages, tips, other c	<sub>отр.</sub> 1 <b>9.60</b>	2 Federal income tax withheld 15819.70				
3	Social security wage 7321	s 19.60	4 Social	security tax withheld 4539.62			
5	Medicare wages and 7321	l tips 19.60	6 Medica	re tax withheld 1061.68			
d	Control number	Dept.	Corp.	Employer use only			
00	00121399 WKT		N160	15266			

c Employer's name, address, and ZIP code

BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022

b	Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-1035				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 C 7.50				
14	Other 374.11 NY PFL	<sup>12b</sup> DD 753.08				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
~ 16	Empleyee's name address a	nd 7ID anda				

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

SAIVIVEK G SHERLA 416 101ST AVE SE APT 101 BELLEVUE, WA 98004

15	State NY	Employer's state ID no. 133417984 1	16 State wages, tips, etc. <b>73219.60</b>
17	State	income tax <b>8867.46</b>	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

Federal Filing Copy
Wage and Tax
Statement

2021 OMB No. 1545-0008

filed with employee's Federal Income Tax Return.

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 73,219.60 SOCIAL SECURITY 4,539.62 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 15,819.70 MEDICARE TAX 1,061.68 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 8,867.46 SUI/SDI 0.00 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX 0.00

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

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BOX 19 OF W-2

PAGE 01 OF 01

Wages, tips, other comp

17 State income tax

19 Local income tax

8867.46

City or Local Filing Copy

Statement

2 to be filed with employee's City or Local Income Tax

Wage and Tax

73219.60

73219.60  d Control number 0000121399 WKT  Dept. Corp. N160  Employer's name, address, and ZIP code BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022  D Employer's FED ID number 13-3417984  Allocated tips  10 Dependent care benefit 11 Nonqualified plans  11 Other 374.11 NY PFL  12 DD 755	68 only 15266
73219.60  d Control number 0000121399 WKT  Dept. Corp. Employer use N160  Employer's name, address, and ZIP code BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022  D Employer's FED ID number 13-3417984  Allocated tips  10 Dependent care benefit 11 Nonqualified plans  11 Nonqualified plans  12a C 7  12b DD 755	only 15266
DOUDLE SET OF THE PROPERTY OF	15266 35
BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022  b Employer's FED ID number 13-3417984  7 Social security tips 8 Allocated tips 9 10 Dependent care benefit 11 Nonqualified plans 12a C   7 12b DD   75: 12c   12d   13 Stat emp. Ret. plan 3rd party	35
13-3417984   XXX-XX-10     7   Social security tips   8   Allocated tips     9   10   Dependent care benefit     11   Nonqualified plans   12a   C   7     12b   DD   75:     12c       12d	35
9 10 Dependent care benefit  11 Nonqualified plans	
11 Nonqualified plans  12	
C   77	5
12c   12d   13 Stat emp.   Ret. plan   3rd party	.50
12d   13 Stat emp. Ret. plan 3rd party	3.08
13 Stat emp. Ret. plan 3rd party	
e/f Employee's name, address and ZIP code	sick pay
SAIVIVEK G SHERLA 416 101ST AVE SE APT 101 BELLEVUE, WA 98004	
15 State   Employer's state ID no. 16 State wages, tips, etc. 133417984 1 73219	60
17 State income tax 8867.46 18 Local wages, tips, etc.	.00
19 Local income tax 20 Locality name	.00

NY. State Filing Copy

filed with employee's State Income Tax Retu

Wage and Tax

Statement

3 Social security wage 7321	4 Social security tax withheld 4539.62						
5 Medicare wages and 7321	tips 9.60	6 Medicare tax withheld 1061.68					
d Control number	Dept.	Corp.	Employe	er use	only		
0000121399 WKT		N160			15266		
c Employer's name, a	ddress, ar	nd ZIP cod	e				
731 LEXINGTOI NEW YORK, N							
b Employer's FED ID 13-341798		a Employee's SSA number XXX-XX-1035					
7 Social security tips		8 Allocat	ed tips				
9		10 Depen	dent care	benefit	S		
11 Nonqualified plans		12a		_			
		12b DD			.50		
14 Other 374.11 NY I	7FL	טט		753	3.08		
		12c					
		12d					
		13 Stat em	p. Ret. plan	3rd party	sick pa		
e/f Employee's name, a	ddress ar	d ZIP cod	9				
SAIVIVEK G SI 416 101ST AVE APT 101 BELLEVUE, W	SE	04					
15 State Employer's st NY 133417984	ate ID no.	16 State v		s, etc. '3219.	60		

18 Local wages, tips, etc.

20 Locality name

Social Security Number: XXX-XX-1035

15819.70