



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

d Control number 000615 ATLA/MMU	Dept.	Corp.	Employer use only T 77
c Employer's name, address, and ZIP code <b>MICRONET IT SOLUTIONS IN C</b> <b>3057 PEACHTREE IND BLVD</b> <b>DULUTH GA 30097</b>  Batch #04456			
e/f Employee's name, address, and ZIP code <b>KARTHIK KANIGALAPULA</b> <b>221 SHARON DRIVE</b> <b>ALTAMONTE SPRINGS FL 32701</b>			
b Employer's FED ID number 58-2483162	a Employee's SSA number XXX-XX-4506		
1 Wages, tips, other comp. 15000.00	2 Federal income tax withheld 1546.92		
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		
14 Other	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	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	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	15,000.00	15,000.00	15,000.00	
Less Exempt Wages		N/A	15,000.00	15,000.00
<b>Reported W-2 Wages</b>	<b>15,000.00</b>	<b>0.00</b>	<b>0.00</b>	

2. Employee Name and Address.

**KARTHIK KANIGALAPULA**  
**221 SHARON DRIVE**  
**ALTAMONTE SPRINGS FL 32701**

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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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FL State Reference Copy  
**W-2** Wage and Tax Statement **2021**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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