



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

**d** Control number 000288 PHIL/FGG Dept. PHIL/FGG Corp. A Employer use only 76

**c** Employer's name, address, and ZIP code  
 ENIAC SYSTEMS INC  
 1 ETHEL ROAD #102 D2  
 EDISON NJ 08817  
 Batch #00737

**e/f** Employee's name, address, and ZIP code  
 GAYATHRI IDAMAKANTI RANGA  
 3160 SEASONS WAY  
 UNIT #713  
 ESTERO FL 33928

**b** Employer's FED ID number 81-4074349 **a** Employee's SSA number XXX-XX-9148

<b>1</b> Wages, tips, other comp. 14500.00	<b>2</b> Federal income tax withheld 2021.24
<b>3</b> Social security wages 14500.00	<b>4</b> Social security tax withheld 899.00
<b>5</b> Medicare wages and tips 14500.00	<b>6</b> Medicare tax withheld 210.25
<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 FL 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	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	14,500.00	14,500.00	14,500.00	
Reported W-2 Wages	14,500.00	14,500.00	14,500.00	

2. Employee Name and Address.

**GAYATHRI IDAMAKANTI RANGA**  
**3160 SEASONS WAY**  
**UNIT #713**  
**ESTERO FL 33928**

© 2021 ADP, Inc.

<b>1</b> Wages, tips, other comp. 14500.00	<b>2</b> Federal income tax withheld 2021.24
<b>3</b> Social security wages 14500.00	<b>4</b> Social security tax withheld 899.00
<b>5</b> Medicare wages and tips 14500.00	<b>6</b> Medicare tax withheld 210.25
<b>d</b> Control number 000288 PHIL/FGG Dept. PHIL/FGG Corp. A Employer use only 76	
<b>c</b> Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817	
<b>b</b> Employer's FED ID number 81-4074349	<b>a</b> Employee's SSA number XXX-XX-9148
<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 GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928	
<b>15</b> State FL 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 **2021**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

<b>1</b> Wages, tips, other comp. 14500.00	<b>2</b> Federal income tax withheld 2021.24
<b>3</b> Social security wages 14500.00	<b>4</b> Social security tax withheld 899.00
<b>5</b> Medicare wages and tips 14500.00	<b>6</b> Medicare tax withheld 210.25
<b>d</b> Control number 000288 PHIL/FGG Dept. PHIL/FGG Corp. A Employer use only 76	
<b>c</b> Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817	
<b>b</b> Employer's FED ID number 81-4074349	<b>a</b> Employee's SSA number XXX-XX-9148
<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 GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928	
<b>15</b> State FL 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

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

<b>1</b> Wages, tips, other comp. 14500.00	<b>2</b> Federal income tax withheld 2021.24
<b>3</b> Social security wages 14500.00	<b>4</b> Social security tax withheld 899.00
<b>5</b> Medicare wages and tips 14500.00	<b>6</b> Medicare tax withheld 210.25
<b>d</b> Control number 000288 PHIL/FGG Dept. PHIL/FGG Corp. A Employer use only 76	
<b>c</b> Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817	
<b>b</b> Employer's FED ID number 81-4074349	<b>a</b> Employee's SSA number XXX-XX-9148
<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 GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928	
<b>15</b> State FL 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

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