



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

d Control number 000281 PHIL/FGG	Dept.	Corp.	Employer use only T 75
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		
1 Wages, tips, other comp. 18928.80	2 Federal income tax withheld 2411.21		
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	18,928.80	18,928.80	18,928.80	
Less Exempt Wages	N/A	18,928.80	18,928.80	
Reported W-2 Wages	18,928.80	0.00	0.00	

2. Employee Name and Address.

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

© 2021 ADP, Inc.

1 Wages, tips, other comp. 18928.80	2 Federal income tax withheld 2411.21		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000281 PHIL/FGG	Dept. T	Corp.	Employer use only 75
c Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817			
b Employer's FED ID number 81-4074349	a Employee's SSA number XXX-XX-9148		
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
e/f Employee's name, address and ZIP code GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928			
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		

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

1 Wages, tips, other comp. 18928.80	2 Federal income tax withheld 2411.21		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000281 PHIL/FGG	Dept. T	Corp.	Employer use only 75
c Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817			
b Employer's FED ID number 81-4074349	a Employee's SSA number XXX-XX-9148		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928			
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		

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

1 Wages, tips, other comp. 18928.80	2 Federal income tax withheld 2411.21		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000281 PHIL/FGG	Dept. T	Corp.	Employer use only 75
c Employer's name, address, and ZIP code ENIAC SYSTEMS INC 1 ETHEL ROAD #102 D2 EDISON NJ 08817			
b Employer's FED ID number 81-4074349	a Employee's SSA number XXX-XX-9148		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code GAYATHRI IDAMAKANTI RANGA 3160 SEASONS WAY UNIT #713 ESTERO FL 33928			
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		

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