	o Be Filed With	shed to the Internal Employee's	F	Service. Form W-2 and Tax Statement	OMB No. 1545-0008	Copy 2 State,	2 — To Be Filed Wit City, or Local Incon	h Employee's ne Tax Return		Form W-2 and Tax Statement	OMB No. 1545-0008
20	021	1 Wages, tlps, othe 123682.		2 Federal Income 22612			2021	1 Wages, tips, oth 123682		2 Federal incom 2261	
a Employee's		3 Social security wa		4 Social security to 8570.			bloyee's SSN 38-18-3693	3 Social security w 138235		4 Social security 8570	
b Employer IC 94-1687	No. (EIN)	5 Medicare wages a 138235.	and tips	6 Medicare tax wit	hh el d		oloyer ID No. (EIN) 4-1687665	5 Medicare wages 138235		6 Medicare tax v 2004	
c Employer's BANK OF 100 NOR SUITE 17	name, address and AMERICA, N TH TRYON S	ZIP code IATIONAL ASSO TREET			71	c Emp BA 100 SU	NOTOGO loyer's name, address a NK OF AMERICA NORTH TRYON ITE 170 IARLOTTE, NC 28	nd ZIP code , NATIONAL ASS STREET			
d Control num	ber					d Con	trol number				
AMJATH 445 HAW	ee's name, addres CHANDRAN I KS CREEK P L, SC 29708	KASTURI				AN 44	Employee's name, addre IJATH CHANDRA 5 HAWKS CREEK RT MILL, SC 2970	N KASTURI PARKWAY			
7 Social securi	ity tips	8 Allocated tips		9		7 Soci	al security tips	8 Allocated tips		9	
10 Dependent	care benefits	11 Nonqualified plan	ns		r. for box 12	10 Dep	pendent care benefits	11 Nonqualified pla	ans	12a code See in:	str. for box 12 93.81
13 Statutory er	mployee Retire	ment plan Third-pa	rty sick pay		552.57	13 Stat	tutory employee Retir	rement plan Third-p	party sick pay	12b code D 1	4552.57
14 Other		[/X]		12c code	00.00	14 Oth	er	1/4		12c code W	600.00
				12d code						12d code DD 2	0461.56
15 State Emplo NC 60051	oyer's state ID no. 16045	16 State wages	, tips, etc. 682.85	17 State income ta	461.56 × 6041.00	15 State	Employer's state ID no 600516045	. 16 State wage:	s, tips, etc. 23682.85	17 State income	
18 Local wage	s, tips, etc.	19 Local incom	e tax	20 Locality name		18 Loc	al wages, tips, etc.	19 Local incom	ne tax	20 Locality name	!
return, a negliger fail to report it.	or EMPLOYEE'S	to the Internal Revenuer sanction may be imp	osed on yo	ou if this income is taxa	OMB No.		— To Be Filed With			orm W-2	OMB No. 1545-0008
	21	back of Copy 2.) 1 Wages, tips, other	comp.	2 Federal income t		State, C	City, or Local Incom	1 Wages, tips, other	er comp.	2 Federal incom	e tax withheld
a Employee's	SSN	123682.8 3 Social security wa	ges	22612. 4 Social security ta	x withheld		loyee's SSN	123682. 3 Social security wa	ages	22612 4 Social security	tax withheld
688-18-3 b Employer ID		138235.4 5 Medicare wages a		8570.6 6 Medicare tax with			8-18-3693 oyer ID No. (EIN)	138235. 5 Medicare wages	and tips	8570 6 Medicare tax v	vithheld
94-1687		138235.4	12	2004.4	41		-1687665 oyer's name, address an	138235.	.42	2004	.41
BANK OF 100 NORT SUITE 170	AMERICA, N. TH TRYON ST	ATIONAL ASSO	CIATION	ľ		BAI 100 SUI	NK OF AMERICA, NORTH TRYON ITE 170 ARLOTTE, NC 282	NATIONAL ASS STREET	OCIATION	1	
d Control numb	oer					d Contr	rol number	900 79			
AMJATH C	e's name, address CHANDRAN K (S CREEK PA L, SC 29708	ASTURI				AM 445	imployee's name, addrei JATH CHANDRAN I HAWKS CREEK RT MILL, SC 2970	I KASTURI PARKWAY			
7 Social securit	ty tips	8 Allocated tips		9		7 Socia	l security tips	8 Allocated tips	•	9	
10 Dependent	care benefits	11 Nonqualified plans	3		for box 12 3.81	10 Dep	endent care benefits	11 Nonqualified pla	ans	12a code See ins	str. for box 12 93.81
13 Statutory en	THE PERSON STATES OF THE PERSON STATES	nent plan Third-par	ty sick pay	12b code D 145	52.57	13 Stat	utory employee Retir	rement plan Third-p	arty sick pay	12b code D 1	4552.57
14 Other			•	12c code W 60	0.00	14 Oth	ər			12c code W	600.00
				12d code DD 204	61.56					12d code DD 2	0461.56
15 State Emplo NC 60051	yer's state ID no. 6045	16 State wages, 1236	tips, etc. 82.85	17 State income tax	6041.00	15 State NC	Employer's state ID no 600516045	. 16 State wage	s, tips, etc. 23682.85	17 State income	tax 6041.00
18 Local wages	s, tips, etc.	19 Local income	lax	20 Locality name		18 Loca	al wages, tips, etc.	19 Local incom	ne lax	20 Locality name	•

Department of the Treasury — Internal Revenue Service

2021 W-2 and EARNINGS SUMMARY

Employee	- Re	ference	Сору		
· · · v		nd Tax		^4	
Copy C for employee's rec	Statemords.	ent	OMB No		
d Control number 0000091238 WYH	Dept.	Corp.		use only	
c Employer's name,		SW90	A	28755	
APEX SYSTEI 4400 COX RO ATTN: PAYRO GLEN ALLEN	MS LLC AD, SI OLL DEI	; UITE 200 PARTME)		
e/f Employee's name, USHARANI PC 445 HAWKS C FORT MILL, S	NNUDU REEK	JRAI PKWY	le		
b Employer's FED ID 54-177354	46	a Emplo	yee's SSA r XXX-XX	umber (-5105	
1 Wages, tips, other 619	comp. 20.00	2 Federa	l income ta:	x withheld 197.69	
3 Social security was		4 Social	security tax		
5 Medicare wages an 619	d tips 20.00	6 Medica	re tax with	held 197.84	
7 Social security tips		8 Alloca	ted tips		
9.			dent care b		
11 Nonqualified plans			tructions for b	ox 12	
14 Other		12b 12c			
		12d I 13 Stat em	P Ret. plan 3r	d party sick pay	
15 State Employer's : 600118751	state ID no		61	920.00	
17 State income tax 30	07.00	18 Local	wages, tips,	etc.	
19 Local income tax		20 Locali	ty name		
	20.00			497.69	
3 Social security was 619	ges 20.00	4 Social	security ta	x withheld 839.04	
	20.00			897.84	
d Control number 0000091238 WYH	Dept. CONT	Corp. SW90	Employer A	use only 28755	
c Employer's name, APEX SYSTEI 4400 COX RO ATTN: PAYRO GLEN ALLEN,	MS LLC AD, SI OLL DE	; UITE 200	D		
b Employer's FED ID 54-17735	number 46	a Emplo	yee's SSA r	umber (-5105	
7 Social security tips		8 Allocated tips			

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

USHARANI PONNUDURAI 445 HAWKS CREEK PKWY FORT MILL, SC 29708 Social Security Number: XXX-XX-5105

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PAGE 01 OF 01

1 Wages, tips, other comp. 61920.00	2 Federal income tax withheld 6497.69	1 Wages, tips, other comp. 61920.00	2 Federal income tax withheld 6497.69		
3 Social security wages 61920.00	4 Social security tax withheld 3839.04	3 Social security wages 61920.00	4 Social security tax withheld 3839.04		
5 Medicare wages and tips 61920.00	6 Medicare tax withheld 897.84	5 Medicare wages and tips 61920.00	6 Medicare tax withheld 897.84		
d Control number Dept. 0000091238 WYH CONT	Corp. Employer use only SW90 A 28755	d Control number Dept. 0000091238 WYH CONT	Corp. Employer use only SW90 A 28755		
c Employer's name, address, a APEX SYSTEMS LLC 4400 COX ROAD, SU ATTN: PAYROLL DEF GLEN ALLEN, VA 2	JITE 200 PARTMENT	C Employer's name, address, APEX SYSTEMS LL 4400 COX ROAD, S ATTN: PAYROLL DE GLEN ALLEN, VA	C SUITE 200 EPARTMENT		
b Employer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-5105	b Employer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-5105		
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits	9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a		
14 Other	12b 12c 12d	14 Other	12b 12c		
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		
eff Employee's name, address ar USHARANI PONNUDU 445 HAWKS CREEK I FORT MILL, SC 297	RAI PKWY	e/f Employee's name, address USHARANI PONNUI 445 HAWKS CREEK FORT MILL, SC 2	DURAI C PKWY		
15 State Employer's state ID no. 600118751	16 State wages, tips, etc. 61920.00	15 State Employer's state ID r NC 600118751	no. 16 State wages, tips, etc. 61920.00		
17 State income tax 3007.00	18 Local wages, tips, etc.	17 State income tax 3007.00	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name		
Federal Filing Wage all Stateme Copy B to be filed with employee's Fede		NC. State Fi Wage State Copy 2 to be filed with employee's S	OMB No. 1545-0008		

61920.00	2 Federal income tax withheld 6497.69 4 Social security tax withheld 3839.04			
Social security wages 61920.00				
Medicare wages and tips 61920.00	6 Medicare tax withheld 897.84			
d Control number Dept. 0000091238 WYH CONT	Corp. Employer use only SW90 A 2875			
Employer's name, address, a	and ZIP code			
4400 COX ROAD, SU ATTN: PAYROLL DEP GLEN ALLEN, VA 2	PARTMENT 23060			
54-1773546	a Employee's SSA number XXX-XX-5105			
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 p			
e/f Employee's name, address a USHARANI PONNUDL	JRAI			
445 HAWKS CREEK FORT MILL, SC 297				
FORT MILL, SC 297 15 State Employer's state ID no. 600118751	708			
FORT MILL, SC 297	708 o. 16 State wages, tips, etc.			
FORT MILL, SC 297 15 State Employer's state ID no 600118751 17 State Income tax	708 o. 16 State wages, tips, etc. 61920.00			
FORT MILL, SC 297 15 State Employer's state ID no 600118751 17 State Income tax 3007.00	708 o. 16 State wages, tips, etc. 61920.00 18 Local wages, tips, etc.			

Statement

Copy 2 to be filed with employee's City or Local Inco