# 2021 W-2 and EARNINGS SUMMARY



**Employee** Reference Copy Wage and Tax Statement Copy C for employee's records
d Control number Dept. Employer use only 864089 ATLA/ULE 502801

Employer's name, address, and ZIP code

SDTC-THE CENTER FOR DISC INC **PO BOX 840** HARRIS NY 12742

Batch #04874

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

SAITEJA RAVURI **20 HENRY AVENUE HICKSVILLE NY 11801** 

b	Emplo	yer's FED ID number 14-1395426	а	E	Empl		ee's SS			
1	Wage	s, tips, other comp.	2 Federal income tax withheld							
		59134.11		8155.88				5.88		
3	Socia	I security wages	4	5	Socia	ıl s	security	tax	with	held
		60041.31						3	3722	2.56
5	Medic	are wages and tips	6	٨	/ledic	ar	e tax w	ithh		
		60041.31							870	0.60
7	Socia	security tips	8	F	Alloca	ate	ed tips			
9	9			10 Dependent care benefits						
11	Nonqu	ualified plans	12a See instructions for box 12							
			L.	_	<u>C</u>				<u>30.3</u>	
14	Other		12		Ď	_			<u>07.2</u>	
		309.60 NY PFL	12		DD			25	27.	39
					tot on	<u></u>	Ret. pla	bra	norty	ciek nev
			13		otat en	ııρ.	Xet. pia	1310	party	sick pay
15 State Employer's state ID no			16	3 8	State	wa	ages, ti	ps,	etc.	
NY 14-1395426		59134.11			1.11					
17 State income tax		18	18 Local wages, tips, etc.							
		2961.49								
19	Local	income tax	20	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	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	60,574.95	60,574.95	60,574.95	60,574.95
Plus GTL (C-Box 12)	30.36	30.36	30.36	30.36
Less 401(k) (D-Box 12)	907.20	N/A	N/A	907.20
Less Other Cafe 125	564.00	564.00	564.00	564.00
Reported W-2 Wages	59,134.11	60,041.31	60,041.31	59,134.11

2. Employee Name and Address.

# SAITEJA RAVURI 20 HENRY AVENUE HICKSVILLE NY 11801

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1 Wages, tips, other comp. 59134.11				2 Federal income tax withheld 8155.88		
3 Social security wages 60041.31				4 Social security tax withheld 3722.56		
5 Medicare wages and tips 60041.31			d tips 41.31	6 Medicare tax withheld 870.60		
d	d Control number Dept.		Dept.	Corp.	Employer use only	
864089 ATLA/ULE 502801			Α			
C Employer's name address and ZIP code						

SDTC-THE CENTER FOR DISC INC PO BOX 840 HARRIS NY 12742

b	Employer's FED ID number 14-1395426	a Employee's SSA number XXX-XX-7434					
7	Social security tips	8 Alloc	ated tips				
9		10 Deper	10 Dependent care benefits				
11	Nonqualified plans	12a See C	instructions for box 12 30.36				
14	Other	<sup>12b</sup> D	907.20				
	309.60 NY PFL	12c DD	2527.39				
		12d					
		13 Stat em	np. Ret. plan 3rd party sick pay				
e/f	e/f Employee's name, address and ZIP code						

SAITEJA RAVURI **20 HENRY AVENUE HICKSVILLE NY 11801** 

15 <b>N</b>	State VY	Employer's state ID no 14-1395426	. 16 State wages, tips, etc. 59134.11
17	State	income tax	18 Local wages, tips, etc.
		2961.49	
19	Local	income tax	20 Locality name
		Federal Fil	ing Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu

1 Wages, tips, other comp. 59134.11				2 Federal income tax withheld 8155.88		
3 Social security wages 60041.31				4 Social security tax withheld 3722.56		
5 Medicare wages and tips 60041.31			nd tips 141.31	6 Medica	are tax withheld 870.60	
d Control number Dept.		Dept.	Corp.	Employer use only		
864089 ATLA/ULE 502801			502801		Α	
c Employer's name, address, and ZIP code						

SDTC-THE CENTER FOR DISC INC PO BOX 840 **HARRIS NY 12742** 

b	Employer's FED ID number 14-1395426	a Employee's SSA number XXX-XX-7434					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a C   30.36					
14	Other	<sup>12b</sup> D 907.20					
	309.60 NY PFL	12c DD 2527.39					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
~ IE	of Employee's name address and 7ID ands						

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

SAITEJA RAVURI **20 HENRY AVENUE HICKSVILLE NY 11801** 

15 State	Employer's state 14-1395426	ID no.	16 State v	vages, tips, etc. 59134.	11
17 State income tax			18 Local wages, tips, etc.		
	2961.	49			
19 Local income tax			20 Locali	ty name	
	NY.State	Ref	erence	Сору	
<b>\</b> \\/	Wage	an	d Tax	2024	

Statement Copy 2 to be filed with employee's State Income Tax Retu

1	Wages, tips, other comp. 59134.11			2 Federal income tax withheld 8155.88		
3	3 Social security wages 60041.31			4 Social security tax withheld 3722.56		
5 Medicare wages and tips 60041.31			6	Medica	are tax withheld 870.60	
d	Control number	Dept.		Corp.	Employer use only	
864	4089 ATLA/ULE	502801			Α	

c Employer's name, address, and ZIP code SDTC-THE CENTER FOR DISC INC PO BOX 840 HARRIS NY 12742

b	Employer's FED ID number 14-1395426	a Employee's SSA number XXX-XX-7434				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits			benefits	
11	Nonqualified plans	<sup>12a</sup> C	ı		30.36	
14	Other	<sup>12b</sup> D	Ī		907.20	
	309.60 NY PFL	12c DD	i		2527.39	
		12d	Ī			
		13 Stat e	mp.	Ret. plan	3rd party sick pay	

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

SAITEJA RAVURI **20 HENRY AVENUE HICKSVILLE NY 11801** 

15 State NY	Employer's state ID no. 14-1395426	16 State wages, tips, etc. 59134.11				
17 State	income tax	18 Local wages, tips, etc.				
	2961.49					
19 Local income tax		20 Locality name				
	NV State Filing Copy					

Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax Return

#### Instructions for Employee

**Box 1.** Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, lf you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7.000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

 $\mbox{\bf B---}\mbox{Uncollected}$  Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)
K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)
 Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

**AA**—Designated Roth contributions under a section 401(k) plan **BB**—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



## Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct

your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.