2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement ployee's records.

Dept. Corp. Employer use only 001053 DALL/4U1 930-QE 102 c Employer's name, address, and ZIP code

EXPLEO TECHNOLOGY USA IN C DBA TRISSENTIAL 1905 WAYZATA BLVD E WAYZATA MN 55391

Batch #02448

18 Local wages, tips, etc.

Employer use only

20 Locality name

Corp.

e/1	Employee's name, address, a	and ZIP code
SI	RAVANI KAVITI	
22	231 LIVE OAK STR	EET
	PT 2421	· — ·
C	OMMERCE TX 7542	28
b	Employer's FED ID number 26-0462412	a Employee's SSA number XXX-XX-6281
1	Wages, tips, other comp.	2 Federal income tax withheld
	56929.03	8986.86

00020.00		
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	
	12b DD 3766.74	
14 Other	12c	
	12d	
	13 Stat emp Ret. plan 3rd party sick par	
15 State Employer's state ID n	o. 16 State wages, tips, etc.	

56929.03 8986.86 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 5 Medicare wages and tips

17 State income tax 19 Local income tax

d Control number

001053 DALL/4U1 930-QE A Employer's name, address, and ZIP code EXPLEO TECHNOLOGY USA IN C DBA TRISSENTIAL 1905 WAYZATA BLVD E WAYZATA MN 55391

Dept

Ь	Employer's FED ID number 26-0462412	a Employee's SSA number XXX-XX-6281	
7	Social security tips	8 Allocated tips 10 Dependent care benefits	
9			
11	Nonqualified plans	12a See instructions for box 12 C 30.03	
14	Other	12b DD 3766.74	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
	C. James address	-1.71P.code	

SRAVANI KAVITI 2231 LIVE OAK STREET APT 2421 COMMERCE TX 75428

15 State Employer's state ID no.			
IX		18 Local wages, tips, etc.	
19 Loca	I income tax	20 Locality name	

Federal Filing Copy 2 Wage and Tax Statement

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	TX. State Wages, Tips, Etc. Box 16 of W-2
57,525.44	57,525.44	57,525.44	
30.03	30.03	30.03	
437.94	437.94	437.94	
188.50	188.50	188.50	
N/A	56,929.03	56,929.03	
56,929.03	0.00	0.00	
	Compensation Box 1 of W-2 57,525.44 30.03 437.94 188.50 N/A	Compensation Box 1 of W-2 57,525.44 30.03 437.94 188.50 N/A Swages Box 3 of W-2 437,525.44 57,525.44 30.03 30.03 437.94 56,929.03	Compensation Box 1 of W-2 Wages Box 3 of W-2 Wages Box 5 of W-2 57,525.44 57,525.44 57,525.44 30.03 30.03 30.03 437.94 437.94 437.94 188.50 188.50 188.50 N/A 56,929.03 56,929.03

2. Employee Name and Address.

SRAVANI KAVITI 2231 LIVE OAK STREET APT 2421 COMMERCE TX 75428

O 2021 ADP, Inc.

Wages, tips, other comp. 56929.03		2 Federal Income tax withheld 8986.86			
Social security wages		4 Social security tax withheld			
5 Medicare wages an	6 Medicare tax withheld				
d Control number	Dept.	Corp.	Emplo	yer use only	
001053 DALL/4U1			Α	102	
EXPLEO C DBA T 1905 WAY	TECHN RISSEI YZATA	IOLOG NTIAL BLVD	Y USA	A IN	
b Employer's FED ID 26-046241	3-0462412 XXX-XX-6281				
7 Social security tips		8 Allocated tips			
9	10 Dependent care benefits			benefits	
11 Nonqualified plans		12a C		30.03	
14 Other		12b DD		3766.74	
		12c			
		12d			
		13 Stat em	p. Ret. plan	3rd party sick pay	
e/I Employee's name, address and ZIP code SRAVANI KAVITI 2231 LIVE OAK STREET APT 2421 COMMERCE TX 75428					
15 State Employer's state ID no. 17 State income tax		. 16 State wages, tips, etc.			
		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			
TX St	ate Re	feren	ce Co	PY	

1 Wages, tips, other comp. 56929.03	2 Federal income tax withhe 8986.1			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number Dept.	Corp. Employer use only			
001053 DALL/4U1 930-QE				
c Employer's name, address, a EXPLEO TECHN C DBA TRISSE 1905 WAYZATA WAYZATA MN	NOLOGY USA IN NTIAL BLVD E			
b Employer's FED ID number 26-0462412	Employee's SSA number XXX - XX - 6281			
7 Social security tips 8 Allocated tips 9 10 Dependent care benefits				
			11 Nonqualified plans	12a C 30.03
14 Other	12b DD 3766.74			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick p			
e/I Employee's name, address a SRAVANI KAVITI 2231 LIVE OAK STR APT 2421 COMMERCE TX 7542	EET			
15 State 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			
TX. State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return No. 1545-0008				