## 2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Employer use only 000082 ATLA/85Y

Employer's name, address, and ZIP code

SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205

Batch #04477

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

SRUJANA MALIGIREDDY 1209 SOUTHERN SUGAR DRIVE CHARLOTTE NC 28262

Employer's FED ID number a Employee's SSA number 84-1764320 XXX-XX-0900 Wages, tips, other comp. Federal income tax withheld 98343.60 14127.17 Social security wages Social security tax withheld 98343.60 6097.30 Medicare wages and tips 6 Medicare tax withheld 98343.60 1425.98 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 601282824 98343.60 17 State income tax 18 Local wages, tips, etc. 4647.00 19 Local income tax 20 Locality name

Wages, tips, other comp. Federal income tax withheld 98343.60 14127.17 Social security wages 98343.60 6097.30 Medicare wages and tips 98343.60 1425.98 Control number Employer use only 000082 ATLA/85Y

Employer's name, address, and ZIP code

SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205

b	Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-0900		
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		
-		<u>'                                    </u>		

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

## SRUJANA MALIGIREDDY 1209 SOUTHERN SUGAR DRIVE CHARLOTTE NC 28262

15	State	Employer's	state	ID I	no.	16	State	wages,	tips, etc.
N	C	60128282	4						98343.60
17	State	income tax				18	Local	wages,	tips, etc.
		4	647.	.00	)				
19	Local	income tax				20	Locali	ity name	е

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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	NC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay		98,343.60	98,343.60	98,343.60	98,343.60
Reported W-2	Wages	98,343.60	98,343.60	98,343.60	98,343.60

2. Employee Name and Address.

## SRUJANA MALIGIREDDY 1209 SOUTHERN SUGAR DRIVE CHARLOTTE NC 28262

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601282824 17 State income tax

19 Local income tax

4647.00

NC.State Reference

Statement

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

Wage and Tax

1 Wages, tips, oth	ner comp. 98343.60	2 Federa	l income	tax withheld 14127.17	
3 Social security	wages 98343.60	4 Social security tax withheld 6097.30			
5 Medicare wages	and tips 98343.60	6 Medicare tax withheld 1425.98			
d Control number	Dept.	Corp.	Employ	ver use only	
000082 ATLA/8	35Y		A	40	
c Employer's nan	ne, address, ar	d ZIP cod	е		
	PUTER D / NY 122	OR WES 205	J1 #2	<b>0</b> 4	
b Employer's FEI		a Employ			
84-176 7 Social security		8 Allocat	XXX-XX ed tips	-0900	
	•		•		
9		10 Depend	dent care	benefits	
11 Nonqualified pl	ans	<b>12</b> a			
14 Other		12b			
		12c			
		12d			
		13 Stat em	p. Ret. plan	3rd party sick pay	
e/f Employee's nar	ne, address ar	d ZIP cod	e		
1209 SOUTH		AR D	RIVE		
CHARLOTTE	NC 2826	2			
NC 601282	's state ID no. 824			98343.60	
47 04-4- ! 4-		40	41		

18 Local wages, tips, etc.

20 Locality name

1	Wages, tips, other c		2 Federa		tax withheld	
	9834	43.60	14127.17			
3	Social security wage 9834	es 43.60	4 Social security tax withheld 6097.30			
5	Medicare wages and 9834	tips 43.60	6 Medica	are tax wit	thheld 1425.98	
d	Control number	Dept.	Corp.	Employ	yer use only	
00	0082 ATLA/85Y			A	40	
С	Employer's name, a	ddress, a	nd ZIP cod	le		
b	Employer's FED ID	number	a Emplo	yee's SSA	number	
	84-176432		XXX-XX-0900			
	Cooled cooughy time		8 Allocated tips			
7	Social security tips		8 Alloca	ted tips		
9	Social security tips			ted tips	benefits	
9	Nonqualified plans			•	benefits	
9			10 Depend	•	benefits	
9	Nonqualified plans		10 Depend	•	benefits	
9	Nonqualified plans		10 Depend	•	benefits	
9	Nonqualified plans		10 Depend 12a 12b 12c 12d	dent care		
9 11 14	Nonqualified plans	address at	10 Depend 12a 12b 12c 12c 12d 13 Statem	dent care		
9 11 14 e/f SF	Nonqualified plans Other  Employee's name, a	GIREDI	10 Depended 12a 12b 12c 12d 13 Statement ZIP cod	dent care	benefits  3rd party sick pa	
9 11 14 e/f SF 12	Nonqualified plans Other  Employee's name, a RUJANA MALI 09 SOUTHERN	GIREDI	10 Depend 12a 12b 12c 12d 13 Statem 12 CODY GAR DY	dent care		
9 11 14 SF 12 CH	Nonqualified plans Other  Employee's name, a RUJANA MALI 09 SOUTHERN	GIREDI I SUC C 2826	10 Depended  12a  12b  12c  12d  13 Statem  14 ZIP cod  DY  GAR  DS2	dent care	3rd party sick p.	

20 Locality name

Сору

19 Local income tax

NC.State Filing

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

Wage and Tax

Statement