# 2021 W-2 and EARNINGS SUMMARY



Employee	Refe	erence	Сору
WW <b>–</b> /	J	nd Tax	2021
Copy C for employee's record	Stateme <sub>ds.</sub>	nt	OMB No. 1545-0008
d Control number	Dept.	Corp.	Employer use only
032002 ATLA/46K	CHA300		T 1573

Employer's name, address, and ZIP code STRATEGIC STAFFING **SOLUTIONS** 3011 W GRAND BLVD # 2100 **DETROIT MI 48202** 

Batch #05812

e/f Employee's name, address, and ZIP code **AKHIL SHARMA RAYASAM** 1511 DIVISION STREET UNIT 9

**CHARLESTON IL 61920** Employer's FED ID number a Employee's SSA numbe 59-3455070 XXX-XX-8949 ages, tips, other comp. Federal income tax withheld 10497.50 1574.31 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12d 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. 59-3455070 000 7 IL 10497.50 18 Local wages, tips, etc. 519.63 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	IL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	10,497.50	10,497.50	10,497.50	10,497.50
Less Exempt Wages	N/A	10,497.50	10,497.50	N/A
Reported W-2 Wages	10,497.50	0.00	0.00	10,497.50

2. Employee Name and Address.

**AKHIL SHARMA RAYASAM** 1511 DIVISION STREET UNIT 9 **CHARLESTON IL 61920** 

2 Federal income tax withheld

4 Social security tax withheld

1574.31

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Wages, tips, other comp.

Social security wages

10497.50

1 Wages, tips, other comp. 10497.50			2 Federa	al income	e tax withheld 1574.31	
3 Social security wages			4 Social	security	tax withheld	
5 Medicare wages and tips			6 Medica	are tax w	rithheld	
d	Contro	ol number	Dept.	Corp.	Emplo	oyer use only
032002 ATLA/46K CHA300			CHA300		Т	1573
С	c Employer's name, address, and ZIP code					

SOLUTIONS 3011 W GRAND BLVD # 2100 **DETROIT MI 48202** 

b	Employer's FED ID number 59-3455070	a Emplo		A number X-8949		
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See	instructio	ns for box 12		
14	Other	12b				
		12c				
		12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/i	e/f Employee's name, address and ZIP code					

**AKHIL SHARMA RAYASAM** 1511 DIVISION STREET UNIT 9

**CHARLESTON IL 61920** 

15 State	Employer's state ID no. 59-3455070 000 7	16 State wages, tips, etc. 10497.50
17 State	income tax 519.63	18 Local wages, tips, etc.
19 Local		20 Locality name
	Federal Fili	ng Copy

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

5 Medicare wages and tips			6 Medicare tax withheld				
d	Contr	ol number	Dept.	Corp. Employer use only			
03	2002	ATLA/46K	CHA300		T	1	573
С	Empl	oyer's name, a	iddress, ai	nd ZIP co	de		
STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202							
b	Empl	oyer's FED ID 59-345507	number '0	a Employee's SSA number			
7	Socia	al security tips		8 Alloca	ated tips		-
9				10 Depe	ndent care	e benefi	ts
11	Nonc	ualified plans		12a	1		
14	Othe	r		12b			
				12c			
				12d			
				13 Stat em	p. Ret. plan	3rd party	sick pay
e/f	Empl	oyee's name,	address aı	nd ZIP co	de		
15 U	eff Employee's name, address and ZIP code AKHIL SHARMA RAYASAM 1511 DIVISION STREET UNIT 9 CHARLESTON IL 61920						

15 State Employer's state ID no. 16 State wages, tips, etc. 159-3455070 000 7 10497.50

Reference

Wage and Tax

Statement

17 State income tax 19 Local income tax

IL.State

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

18 Local wages, tips, etc.

Copy

20 Locality name

3 Social security wages			4 Social security tax withheld				
5 Medicare wages and ti	ps	6	Medic	are	tax wi	thhe	ld
d Control number	Dept.		Corp.		Emplo	yer	use only
032002 ATLA/46K CH	IA300			-	Γ		1573
c Employer's name, add	ress, an	d Z	ZIP cod	de			
STRATEGIC SOLUTIONS 3011 W GR DETROIT M	AND	Е	BLVE		# 21	00	
b Employer's FED ID nui 59-3455070	mber	а			e's SS/		
7 Social security tips		8	Alloca				
9	·	10	Depen	deı	nt care	ben	efits
11 Nonqualified plans		12a	1				
14 Other	-	121	,				
	- 1	120	; ;				
	ŀ	120	t l				
	7	13	Stat en	np. F	Ret. plan	3rd p	arty sick p
e/f Employee's name, add	ress an	d Z	IP cod	le			
AKHIL SHARMA 1511 DIVISION S UNIT 9 CHARLESTON IL	TREE	ΞΤ					
15 State Employer's state 59-3455070		16	State	wa	ges, tip	s, et	ic. 197.50
17 State income tax		18	Local	wa	ges, tij	os, e	tc.
19 Local income tax		20	Lassi				
19 Local income tax			Local	ıty I	name		

IL.State

Wage

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

Filing

Statement

and

Сору

Tax

Wages, tips, other comp

10497.50

2 Federal income tax withheld

1574.31

#### 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.

**B**—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.** 

**EÉ**—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.

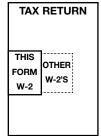
Department of the Treasury - Internal Revenue Service

## 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.

# 2021 W-2 and EARNINGS SUMMARY



Employee	Refe	erence	Сору			
WW = J	Stateme	nd Tax nt	<b>2021</b> OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only			
000089 K1/5LJ			Α			
Employer's name, address, and ZIP code						

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

Batch #93519

e/f Employee's name, address, and ZIP code AKHIL SHARMA RAYASAM **5725 HATHAWAY PARKWAY APT 9516** PLANO, TX 75024

b Employer's FED ID number a Employee's SSA number 82-3642704 XXX-XX-8949 Wages, tips, other comp Federal income tax withheld 83000.00 13980.64 Social security wages Social security tax withheld 15000.00 930.00 Medicare wages and tips 6 Medicare tax withheld 15000.00 217.50 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 12d 13 Stat emp Ret. plan 3rd party sick party 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

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

Gross Pay Reported W-2 Wages

83,000.00 83,000.00 83,000.00 15,000.00 83,000.00 15,000.00

2. Employee Name and Address.

AKHIL SHARMA RAYASAM 5725 HATHAWAY PARKWAY APT 9516 **PLANO, TX 75024** 

¤© 2021 ADP, Inc.

1 Wages, tips, other comp. <b>83000.00</b>				2 Federal income tax withheld 13980.64		
3 Social security wages 15000.00				4 Social	security tax withheld 930.00	
5	5 Medicare wages and tips 15000.00			6 Medica	are tax withheld 217.50	
d	Control number Dept.		Dept.	Corp.	Employer use only	
00	000089 K1/5LJ			Α		
c Employer's name, address, and ZIP code						

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b	Employer's FED ID number 82-3642704	a Empl		X-8949			
7	Social security tips	8 Alloc	ated tips				
9		10 Dependent care benefits					
11	Nonqualified plans	12a See	instructio	ns for box 12			
14	Other	12b					
		12c					
		12d					
		13 Stat em	p. Ret. plan	3rd party sick pay			
e/f	e/f Employee's name, address and ZIP code						

AKHIL SHARMA RAYASAM **5725 HATHAWAY PARKWAY APT 9516** PLANO, TX 75024

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 Filing Federal Copy

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

1 Wages, tips, other comp. 83000.00				2 Federal income tax withh 13980.			
3 Social security wages 15000.00				4 Social	security tax withheld 930.00		
5	Medicare wages and tips 15000.00			6 Medica	are tax withheld 217.50		
d	Control	number	Dept.	Corp.	Employer use only		
00	0089	K1/5LJ			Α		
c Employer's name, address, and ZIP code							

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b	Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-8949						
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	e/f Employee's name, address and ZIP code							

AKHIL SHARMA RAYASAM **5725 HATHAWAY PARKWAY APT 9516** PLANO, TX 75024

15	State	Employer's stat	e ID no. 16 State wages, tips, etc.
17	State	income tax	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		State	Reference Copy

Wage and Tax Statement

1	1 Wages, tips, other comp. 83000.00			2 Federal income tax withheld 13980.64			
3	3 Social security wages 15000.00			4 Social security tax withheld 930.00			
5 Medicare wages and tips 15000.00			6	6 Medicare tax withheld 217.50			
d	d Control number Dept.			Corp.	Employer use only		
000089 K1/5LJ				Α			

c Employer's name, address, and ZIP code VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b	Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-8949				
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 party				

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

AKHIL SHARMA RAYASAM **5725 HATHAWAY PARKWAY APT 9516** PLANO, TX 75024

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

City or Local Reference Copy Wage and

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

#### 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.

**B**—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).

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**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.** 

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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).

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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.

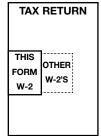
Department of the Treasury - Internal Revenue Service

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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.

# 2021 W-2 and EARNINGS SUMMARY



Employee W	Refe age ar	erence nd Tax	Copy
Copy C for employee's recor	Stateme	nt	OMB No. 1545-0008
d Control number 000291 K1/CR2	Dept.	Corp.	Employer use only

Batch #93466

Employer's name, address, and ZIP code **CLOUD HUB IT SOLUTIONS** INC 12065 METRO PARK WAY SUITE 202 FORT MYERS, FL 33966

e/f Employee's name, address, and ZIP code **AKHIL SHARMA RAYASAM** 950 4TH STREET APT 3

CHARLESTON, IL 61920

Employer's FED ID number a Employee's SSA number 81-3651443 XXX-XX-8949 Wages, tips, other comp. Federal income tax withheld 24000.00 3526.89 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 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12d 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. 81-3651443 000 24000.00 18 Local wages, tips, etc. 1188.00 19 Local income tax 20 Locality name

950 4TH STREET

17 State income tax

19 Local income tax

CHARLESTON, IL 61920

Federal

APT 3

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.

**Social Security** Wages, Tips, other Medicare IL. State Wages, Compensation Box 1 of W-2 Wages Wages Tips, Etc. Box 3 of W-2 Box 16 of W-2 Box 5 of W-2 24,000.00 24,000.00 24,000.00 24,000.00 Reported W-2 Wages 24,000.00 0.00 0.00 24,000.00

2. Employee Name and Address.

24000.00

**AKHIL SHARMA RAYASAM** 950 4TH STREET APT 3 CHARLESTON, IL 61920

2 Federal income tax withheld

3526.89

¤© 2021 ADP, Inc.

Gross Pay

24000		3526.89					
3 Social security wages		4 Social security tax withheld					
5 Medicare wages and ti	ps	6 Medicare tax withheld					
d Control number	Dept.	Corp. Employer use onl					
000291 K1/CR2							
12065 METRO PARK WAY SUITE 202 FORT MYERS, FL 33966							
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FORT MYE  b Employer's FED ID nur 81-3651443		a Empl		A number X-8949			
b Employer's FED ID nur	mber	•					
b Employer's FED ID nur 81-3651443	mber	8 Alloc	XXX-X ated tips				
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15 State Employer's state ID no. 16 State wages, tips, etc. 24000.00

Filing

Wage and

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

Statement

18 Local wages, tips, etc.

20 Locality name

Сору

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						
000291 K1/CR2							
c Employer's name, address,	and ZIP code						
CLOUD HUB I	T SOLUTIONS						
INC 12065 METRO PARK WAY SUITE 202 FORT MYERS, FL 33966							
FORT WIERS,	FL 33900						
b Employer's FED ID number 81-3651443	XXX-XX-8949						
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						
eff Employee's name, address and ZIP code AKHIL SHARMA RAYASAM 950 4TH STREET APT 3 CHARLESTON, IL 61920							
15 State Employer's state ID r 81-3651443 00	24000.00						
17 State income tax	18 Local wages, tips, etc.						
1188.00 19 Local income tax	20 Locality name						
IL.State Re	eference Copy						
W-2 Wage and Tax 2021 Statement OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.							

1 Wages, tips, other co	2 Federal income tax withheld					
2400	3526.89					
3 Social security wage:	4 Social security tax withheld					
5 Medicare wages and	6 Medicare tax withheld					
d Control number	Dept.	Corp. Employer use only				
000291 K1/CR2 c Employer's name, ad						
CLOUD HUB IT SOLUTIONS INC 12065 METRO PARK WAY SUITE 202 FORT MYERS, FL 33966						
b Employer's FED ID n 81-3651443	A number (-8949					
7 Social security tips		8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified plans	**********	12a	l			
14 Other		12b				
		12c				
		12d	l			
		13 Stat e	np. Ret. plan	3rd party sick pa		
e/f Employee's name, ad	dress ar	nd ZIP co	de .	1		
AKHIL SHARMA RAYASAM 950 4TH STREET APT 3 CHARLESTON, IL 61920						
15 State Employer's sta IL 81-3651443		.16 State wages, tips, etc. 24000.00				
17 State income tay	_	18 Local wages tine etc				

1188.00

Filing

Wage and

Statement

IL.State

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

20 Locality name

Сору

19 Local income tax

#### 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.

**B**—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)

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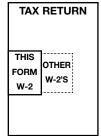
Department of the Treasury - Internal Revenue Service

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