



W-2 Wage and Tax Statement **2021**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000127 Dept. RH/DPR Corp. Employer use only 36

c Employer's name, address, and ZIP code
ACTIVE ENTERPRISE SOLUTIONS LLC
 991 US HWY 22 STE 200
 BRIDGEWATER, NJ 08807
 Batch #99935

e/f Employee's name, address, and ZIP code
SANTA RABINA
 3710 YELLOW STONE ST
 IRVING, TX 75062

b Employer's FED ID number 26-0245460 a Employee's SSA number XXX-XX-3001

1 Wages, tips, other comp. 95000.00 2 Federal income tax withheld 15682.22

3 Social security wages 95000.00 4 Social security tax withheld 5890.00

5 Medicare wages and tips 95000.00 6 Medicare tax withheld 1377.50

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

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	95,000.00	95,000.00	95,000.00
Reported W-2 Wages	95,000.00	95,000.00	95,000.00

2. Employee Name and Address.

SANTA RABINA
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IRVING, TX 75062

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W-2 Wage and Tax Statement **2021**
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Federal Filing Copy **W-2** Wage and Tax Statement **2021**

W-2 Wage and Tax Statement **2021**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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State Reference Copy **W-2** Wage and Tax Statement **2021**

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City or Local Reference Copy **W-2** Wage and Tax Statement **2021**