2021 W-2 and EARNINGS SUMMARY



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

Control number Employer use only 000056 K5/JOJ

Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

Batch #99114

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

SRIHARIKA KONJETI 8680 MAGNOLIA TRAIL **EDEN PRAIRIE, MN 55344**

b	Emplo	yer's FED ID 27-52782		а	Empl		ee's SSA		
1	Wages	s, tips, other		2	Fede	_	income		
		52	322.80					809	97.36
3	Social	security wa	ges 322.80	4	Socia	al s	security		thheld 14.01
5	Medica	are wages a	nd tips 322.80	6 Medicare tax withheld 758.6			58.68		
7	Social	security tips	6	8 Allocated tips					
9				10	Deper	nde	nt care	benefi	ts
11	11 Nonqualified plans		12a See instructions for box 12						
				12	b	Т			
14	Other			12	С	Π			
				12	d	1			
				13	Stat e	mp	Ret. plan	3rd pai	rty sick pay
		Employer's 6398232	state ID no.	16	State	W	ages, tip		22.80
17 State income tax		18 Local wages, tips, etc.							
		3	121.36						
19 Local income tax			20 Locality name						

1	Wages, tips, other c	omp. 22.80	2 Federa	l income tax	withheld 8097.36		
3	3 Social security wages 52322.80		4 Social security tax withheld 3244.01				
5	5 Medicare wages and tips 52322.80		6 Medicare tax withheld 758.68				
d	Control number	Dept.	Corp.	Employer	use only		
0.0	00056 K5/JOJ				25		
С	c. Employer's name address and ZIP code						

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-0222						
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						
e/f	e/f Employee's name, address and ZIP code							

SRIHARIKA KONJETI

8680 MAGNOLIA TRAIL **EDEN PRAIRIE, MN 55344**

•		Employer's 6398232	state ID n	16	State	wages,		22.80
	17 State	income tax	121.36	18	Local	wages,	tips, et	с.
	19 Local	income tax		20	Locali	ty name	9	
Г		Fed	eral F	Filina	٦ (nnv.		

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	MN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	54,357.28	54,357.28	54,357.28	54,357.28
Less Other Cafe 125	2,034.48	2,034.48	2,034.48	2,034.48
Reported W-2 Wages	52,322.80	52,322.80	52,322.80	52,322.80

2. Employee Name and Address.

SRIHARIKA KONJETI 8680 MAGNOLIA TRAIL EDEN PRAIRIE, MN 55344

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1 Wages, tips, other comp. 52322.80			2 Federal income tax withheld 8097.36			
3 Social security wages 52322.80		4 Social security tax withheld 3244.01				
5	5 Medicare wages and tips 52322.80		6 Medica	re tax withheld 758.68		
d	Control number	Dept.	Corp.	Employer use only		
00	0056 K5/JOJ	г		25		

c Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-0222			
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 Employee's name, address and ZIP code

SRIHARIKA KONJETI 8680 MAGNOLIA TRAIL EDEN PRAIRIE, MN 55344

15 State Employer's state ID no. 6398232	16 State wages, tips, etc. 52322.80
17 State income tax	18 Local wages, tips, etc.
3121.36	-
19 Local income tax	20 Locality name

MN.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other 52	comp. 322.80	2	Federa	l income tax	with 097	
3	Social security wa	ges 322.80	4	Social	security tax	withh 244	
5	Medicare wages a	nd tips 322.80	6	Medica	re tax withh	eld 758	.68
d	Control number	Dept.		Corp.	Employer	use	only
00	0056 K5/JO	J					25

c Employer's name, address, and ZIP code

ITIYAM LLC 44790 MAYNARD SQ STE 230 ASHBURN, VA 20147 6514

1						
b	Employer's FED ID number 27-5278201	a Employee's SSA number XXX-XX-0222				
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 Employee's name, address and ZIP code

SRIHARIKA KONJETI 8680 MAGNOLIA TRAIL EDEN PRAIRIE, MN 55344

	Employer's state ID no. 6398232	16	State wages, tips, etc. 52322.80
17 State	income tax	18	Local wages, tips, etc.
	3121.36		
19 Local	income tax	20	Locality name

MN.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return