



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

d Control number 000110 ATLA/85Y	Dept.	Corp.	Employer use only T 10
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 120 W GOLF RD SUITE 100B SCHAUMBURG IL 60195 Batch #06928			
e/f Employee's name, address, and ZIP code SPANDANA BODIGE 6005 REDWOOD PINE RD CONCORD NC 28027			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-2320		
1 Wages, tips, other comp. 44770.00	2 Federal income tax withheld 5916.52		
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		
14 Other	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
15 State TX	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	44,770.00	44,770.00	44,770.00
Less Exempt Wages		N/A	44,770.00
Reported W-2 Wages	44,770.00	0.00	0.00

2. Employee Name and Address.

**SPANDANA BODIGE
6005 REDWOOD PINE RD
CONCORD NC 28027**

© 2021 ADP, Inc.

1 Wages, tips, other comp. 44770.00	2 Federal income tax withheld 5916.52		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000110 ATLA/85Y	Dept.	Corp.	Employer use only T 10
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 120 W GOLF RD SUITE 100B SCHAUMBURG IL 60195			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-2320		
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 Employee's name, address and ZIP code SPANDANA BODIGE 6005 REDWOOD PINE RD CONCORD NC 28027			
15 State TX	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		

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

1 Wages, tips, other comp. 44770.00	2 Federal income tax withheld 5916.52		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000110 ATLA/85Y	Dept.	Corp.	Employer use only T 10
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 120 W GOLF RD SUITE 100B SCHAUMBURG IL 60195			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-2320		
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 SPANDANA BODIGE 6005 REDWOOD PINE RD CONCORD NC 28027			
15 State TX	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		

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

1 Wages, tips, other comp. 44770.00	2 Federal income tax withheld 5916.52		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000110 ATLA/85Y	Dept.	Corp.	Employer use only T 10
c Employer's name, address, and ZIP code SOLUTIONSOFT INC 120 W GOLF RD SUITE 100B SCHAUMBURG IL 60195			
b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-2320		
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 SPANDANA BODIGE 6005 REDWOOD PINE RD CONCORD NC 28027			
15 State TX	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		

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