## 2021 W-2 and EARNINGS SUMMARY



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

Copy SMARTINT TECHNOLOGIES LLC 1000 BEARCAT WAY STE 105 UNIT 1

Employer's name, address, and ZIP code

MORRISVILLE, NC 27560

Batch #92749

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

VASUDHA LAKSHMI YENNAMANENI

881 E FOXSPRINGS DRIVE

881 E FOXSPRINGS DRIVE CHESTERFIELD, MO 63017

Employer's FED ID number a Employee's SSA number 47-3973503 XXX-XX-5631 Wages, tips, other comp Federal income tax withheld 54808.00 7981.69 Social security wages Social security tax withheld 24960.00 1547.52 Medicare wages and tips 6 Medicare tax withheld 24960.00 361.92 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. MO 27101045 24960.00 17 State income tax 18 Local wages, tips, etc. 1131.00 19 Local income tax 20 Locality name

1 Wages, tips, other comp. 54808.00
2 Federal income tax withheld 7981.69
3 Social security wages 24960.00
5 Medicare wages and tips 24960.00
6 Medicare tax withheld 361.92
6 Control number Dept. Corp. Employer use only A 24
C Employer's name, address, and ZIP code

SMARTINT TECHNOLOGIES LLC 1000 BEARCAT WAY STE 105 UNIT 1 MORRISVILLE, NC 27560

| b    | Employer's FED ID number 47-3973503     | a Employee's SSA number  XXX-XX-5631      |  |  |  |  |
|------|---|---|--|--|--|--|
| 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 |  |  |  |  |
| o./€ | of Employee's name address and 7ID code |   |  |  |  |  |

VASUDHA LAKSHMI YENNAMANENI 881 E FOXSPRINGS DRIVE CHESTERFIELD, MO 63017

| 15<br><b>N</b> | State<br><b>IIO</b> | Employer's state ID no. 27101045 | 16 State wages  | , tips, etc.<br><b>24960.00</b> |  |  |
|----------------|---------------------|----------------------------------|-----------------|---------------------------------|--|--|
| 17             | State               | income tax<br>1131.00            | 18 Local wages  | s, tips, etc.                   |  |  |
| 19             | Local               | income tax                       | 20 Locality nam | ne                              |  |  |
|                | Federal Filing Copy |                                  |                 |                                 |  |  |

Wage and Tax 2021

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 Wages Social Security Wages Wages Wages Tips, Etc.

Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

Wages, tips, other comp

3 Social security wages 24960.00

54808.00

Gross Pay 54,808.00 54,808.00 54,808.00 24,960.00 Reported W-2 Wages 54,808.00 24,960.00 24,960.00

2. Employee Name and Address.

## VASUDHA LAKSHMI YENNAMANENI 881 E FOXSPRINGS DRIVE CHESTERFIELD, MO 63017

2 Federal income tax withheld

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Wages, tips, other comp.

| 54808.00   | 7981.69                                   |  |  |  |
|--|---|--|--|--|
| 3 Social security wages 24960.00                             | 4 Social security tax withheld 1547.52    |  |  |  |
| 5 Medicare wages and tips 24960.00                           | 6 Medicare tax withheld 361.92            |  |  |  |
| d Control number Dept  | t. Corp. Employer use only                |  |  |  |
| 000061 RB/UAW  | A 24                                      |  |  |  |
| c Employer's name, address,                                  | , and ZIP code                            |  |  |  |
| SMARTINT TE<br>LLC<br>1000 BEARCAT<br>UNIT 1<br>MORRISVILLE, | Γ WAY STE 105                             |  |  |  |
| b Employer's FED ID number<br>47-3973503                     |   |  |  |  |
| 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                              |  |  |  |
| 881 E FOXSPRINGS   | YENNAMANENI<br>DRIVE<br>D 63017           |  |  |  |
| 15 State Employer's state ID 27101045                        | no. 16 State wages, tips, etc. 24960.00   |  |  |  |
| 17 State income tax  | 18 Local wages, tips, etc.                |  |  |  |
| 1131.00<br>19 Local income tax                               | 20 Locality name                          |  |  |  |
| 19 LOCAL INCOME LAX  | 20 Locality Haine                         |  |  |  |
| MO.State   | Reference Copy                            |  |  |  |
|  |   |  |  |  |

Wage and Tax

Statement

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

| 5                      | Medicare wages an 249             | d tips<br><b>60.00</b>              | 6 Medicare tax withheld 361.92 |              |                     |  |  |  |
|------------------------|-----------------------------------|-------------------------------------|--------------------------------|--------------|---------------------|--|--|--|
| d                      | Control number                    | Dept.                               | Corp.                          | Employ       | er use only         |  |  |  |
| 00                     | 0061 RB/UAW                       |                                     |                                | Α            | 24                  |  |  |  |
| С                      | Employer's name, a                | ıddress, aı                         | nd ZIP code                    | •            |                     |  |  |  |
|                        | SMARTINT TECHNOLOGIES LLC         |                                     |                                |              |                     |  |  |  |
|                        | 1000 BEA<br>UNIT 1                | RCAI                                | WAY :                          | SIE 1        | 05                  |  |  |  |
|                        | MORRISVIL                         | IF P                                | NC 275                         | 80           |                     |  |  |  |
|                        | MORRITOVIE                        | , .                                 | 10 2/0                         | 50           |                     |  |  |  |
| b                      | Employer's FED ID                 |                                     | - <b>-</b>                     | !- 004       |                     |  |  |  |
| D                      | 47-397350                         | a Employee's SSA number XXX-XX-5631 |                                |              |                     |  |  |  |
| 7                      | Social security tips              | 8 Allocated tips                    |                                |              |                     |  |  |  |
| 9                      |                                   |                                     | 10 Depende                     | ent care     | benefits            |  |  |  |
| 11                     | Nonqualified plans                |                                     | 12a                            |              |                     |  |  |  |
| 14                     | Other                             |                                     | 12b                            |              |                     |  |  |  |
|                        |                                   |                                     | 12c                            |              |                     |  |  |  |
|                        |                                   |                                     | 12d                            |              |                     |  |  |  |
|                        |                                   |                                     | 13 Stat em                     | o. Ret. plan | 3rd party sick pa   |  |  |  |
| e/f                    | Employee's name, a                | address ar                          | d ZIP code                     |              |                     |  |  |  |
| V                      | SUDHA LAK                         | SHMI                                | YENNAN                         | MANFN        | ı                   |  |  |  |
| 88                     | 1 E FOXSPRI                       | NGS                                 | DRIVE                          |              | -                   |  |  |  |
| CHESTERFIELD. MO 63017 |                                   |                                     |                                |              |                     |  |  |  |
| _                      | ,                                 |                                     |                                |              |                     |  |  |  |
|                        | State Employer's s<br>IO 27101045 | tate ID no.                         | 16 State w                     | ages, tip    | s, etc.<br>24960.00 |  |  |  |
| 17                     | State income tax                  |                                     | 18 Local v                     | wages, tip   | s, etc.             |  |  |  |
| 40                     | Local income tax                  | 31.00                               | 00 1 11                        |              |                     |  |  |  |
| 19                     | Local income tax                  |                                     | 20 Locality                    | / name       |                     |  |  |  |
|                        | MO.St                             | ate Fi                              | ling Co                        | ору          |                     |  |  |  |

Wage and Tax

Statement

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

2 Federal income tax withheld

4 Social security tax withheld

7981.69

1547.52