

# 2021 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

|                                 |           |                                     |      |
|---------------------------------|-----------|-------------------------------------|------|
| <b>GROSS PAY</b>                | 50,558.17 | <b>SOCIAL SECURITY TAX WITHHELD</b> | 0.00 |
|                                 |           | <b>BOX 04 OF W-2</b>                |      |
| <b>FED. INCOME TAX WITHHELD</b> | 8,088.40  | <b>MEDICARE TAX WITHHELD</b>        | 0.00 |
| <b>BOX 02 OF W-2</b>            |           | <b>BOX 06 OF W-2</b>                |      |
| <b>STATE INCOME TAX</b>         | 0.00      | <b>SUI/SDI</b>                      | 0.00 |
| <b>BOX 17 OF W-2</b>            |           | <b>BOX 14 OF W-2</b>                |      |
| <b>LOCAL INCOME TAX</b>         | 0.00      |                                     |      |
| <b>BOX 19 OF W-2</b>            |           |                                     |      |

|   |  |               |                             |
|---|--|---------------|-----------------------------|
| <b>Employee Reference Copy</b>  |  |               |                             |
| W-2   |  | 2021          |                             |
| Wage and Tax Statement  |  |               |                             |
| Copy C for employee's records. OMB No. 1545-0008  |  |               |                             |
| d Control number<br>0000002638 UAN  | Dept.  | Corp.<br>CQHT | Employer use only<br>S 2786 |
| c Employer's name, address, and ZIP code<br>NIELSEN CONSUMER LLC<br>200 W JACKSON BLVD<br>CHICAGO, IL 60606               |  |               |                             |
| e/f Employee's name, address, and ZIP code<br>PALLAVI SETHI<br>9522, VALLEY RANCH PKWY, E<br>APT 2033<br>IRVING, TX 75063 |  |               |                             |
| b Employer's FED ID number<br>84-5108832  | a Employee's SSA number<br>XXX-XX-0142         |               |                             |
| 1 Wages, tips, other comp.<br>48807.02  | 2 Federal income tax withheld<br>8088.40       |               |                             |
| 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<br>C   19.72   |               |                             |
| 14 Other  | 12b D   1503.83                                |               |                             |
|   | 12c  |               |                             |
|   | 12d  |               |                             |
|   | 13 Stat emp. Ret. plan 3rd party sick pay<br>X |               |                             |
| 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                               |               |                             |

To change your employee W-4 profile information  
file a new W-4 with your payroll department

PALLAVI SETHI  
9522, VALLEY RANCH PKWY, E  
APT 2033  
IRVING, TX 75063

Social Security Number: XXX-XX-0142



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|  |  |
|--|--|
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| 19 Local income tax  | 20 Locality name                               |
| <b>Federal Filing Copy</b>   |  |
| W-2  |  |
| Wage and Tax Statement   |  |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008  |  |

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| <b>State Filing Copy</b>   |  |
| W-2  |  |
| Wage and Tax Statement   |  |
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| <b>City or Local Filing Copy</b>   |  |
| W-2  |  |
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