## 2021 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Control number Corp. Employer use only 181010 UAN5 0000069160 TWH 12232 Employer's name, address, and ZIP code

NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE BOSTON, MA 02120

e/f Employee's name, address, and ZIP code JUNAID UR RAHMAN MOHAMMED

ANSARI COLONY **NALGONDA** 

b	Emplo	yer's FED ID number 04-1679980	а		Empl	loy		A number	
1	Wages, tips, other comp.		2	2 Federal income tax withheld					
		6712.38						457.25	5
3	Socia	I security wages	4	;	Socia	al s	security	tax withh	eld
5	Medic	are wages and tips	6	ı	Medi	cai	re tax wi	thheld	
7	Socia	security tips	8	,	Alloc	ate	ed tips		
9			10	1	Depe	nd	ent care	benefits	
11	Nonq	ualified plans	12	a	See ir	nstr 	uctions fo	r box 12	
11	Other		12						
14	Other			c					
			12	•					
			13	3 5	Stat er	mp	Ret. plan	3rd party si	ick pay
15	State	Employer's state ID no	<b>o.</b> 16	3 8	State	w	ages, tip	s, etc.	
	MA	WTH-10702102-006						6712.3	8
17	State	income tax	18	3 <b>I</b>	oca	l w	ages, tip	os, etc.	
		335.62							
19	Local	income tax	20	) <b>I</b>	_oca	lity	name		

1 Wages, tips, other comp. 6712.38		2 Federal income tax withheld 457.25				
3 Social security wages		4 Social security tax withheld				
5	5 Medicare wages and tips		6 Medicare tax withheld			
d 00	Control number 00069160 TWH	Dept. 181010	Corp.	Employer use only 12232		

c Employer's name, address, and ZIP code NORTHEASTERN UNIVERSITY 716 COLUMBUS AVENUE BOSTON, MA 02120

b	Employer's FED ID number 04-1679980	a Employee's SSA number XXX-XX-0099
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 ar	nd ZIP code

JUNAID UR RAHMAN MOHAMMED ANSARI COLONY **NALGONDA** 

15	State MA	Employer's s WTH-10702	state ID no. 2102-006	16 State wages, tips, etc. 6712.38
17	State	income tax 3	35.62	18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
		Federal	Filing	Сору

Wage and Tax

Statement to be filed with employee's Federal Income Tax Re

sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close. Your gross pay may not match your box 1 totals due to adjustments

The wages, tips, and other compensation reflected in box 1 are the

made for GTL, 401(k), cafeteria plans, etc...

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

JUNAID UR RAHMAN MOHAMMED **ANSARI COLONY NALGONDA** 

Social Security Number: XXX-XX-0099

2 Federal income tay withheld

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## PAGE 01 OF 01

1 Wages, tips, other co	2 Feder 12.38	al income tax withheld 457.25	1 Wages, tips, other 67	comp. 12.38
3 Social security wage	es 4 Socia	security tax withheld	3 Social security was	ges
5 Medicare wages and	tips 6 Medic	are tax withheld	5 Medicare wages ar	nd tips
d Control number	Dept. Corp.	Employer use only	d Control number	Dept.
	181010 UAN5	12232	0000069160 TWH	181010
c Employer's name, ac	Idrose and 7ID co.	10	c Employer's name,	addross
NORTHEASTER 716 COLUMBUS BOSTON, MA	N UNIVERSIT		NORTHEASTEF 716 COLUMBU BOSTON, MA	RN UN
b Employer's FED ID r 04-167998	number a Emplo	yee's SSA number XXX-XX-0099	b Employer's FED ID 04-167998	
7 Social security tips	8 Alloca	ted tips	7 Social security tips	;
9	10 Deper	ndent care benefits	9	
11 Nonqualified plans	12a		11 Nonqualified plans	*********
	12b			
14 Other			14 Other	
	12c			
	12d			
	13 Stat em	p. Ret. plan 3rd party sick pay		
e/f Employee's name, a	ddress and ZIP cod	le	e/f Employee's name,	address
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15 State Employer's sta MA WTH-107021		wages, tips, etc. 6712.38	15 State Employer's s MA WTH-10702	
17 State income tax 33	5.62 18 Local	wages, tips, etc.	17 State income tax 3:	35.62
19 Local income tax	20 Local	ity name	19 Local income tax	
MA. Stat	e Filing Co	ру	City or	Local
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		OMB No. 1545-0008	Copy 2 to be filed with and	
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3 Social security wages			4 Social security tax withheld					
5 Medicare wages and tips			6 Medicare tax withheld					
d Contr	ol number	Dept. 181010		orp.	Employ	ver use only		
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BOST	COLUMBU FON, MA	02120						
•	oyer's FED ID 04-167998		a Employee's SSA number XXX-XX-0099					
7 Social security tips			8 Allocated tips					
9					dent care	benefits		
11 Nonq	ualified plans		12a	1				
14 Other			12k	, i				
			120	· i				
			12c					
			13	Stat em	p. Ret. plan	3rd party sick	c pa	
e/f Empl	oyee's name, a	address ar	nd Z	IP cod	e e			
ANS	AID UR RA ARI COLO GONDA		M	IAHC	MMED			
MA	Employer's s WTH-10702		. 16	State v	vages, tip	s, etc. 6712.38		
.,		5.62	18	Local	wages, ti <sub>l</sub>	ps, etc.		

20 Locality name

Copy

Filing

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income