

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2021
Copy C for employer's records. OMB No. 1545-0008

d Control number 000007628 RN1		Dept. BA80	Corp.S	Employer use only 2001
c Employer's name, address, and ZIP code CITRIX SYSTEMS INC 851 WEST CYPRESS CREEK FT LAUDERDALE, FL 33309-2009				
e/f Employee's name, address, and ZIP code ROHIT GOUD LODE 3395 NW 1ST CT APT 323 POMPANO BEACH, FL 33069				
b Employer's FED ID number 75-2275152		a Employee's SSA number XXX-XX-9494		
1 Wages, tips, other comp. 78322.79		2 Federal income tax withheld 14994.63		
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 C 67.08		
14 Other 6410.26 MOVING GU		12b D 370.00		
		12c AA 1800.00		
		12d DD 3440.41		
		13 Stat emp. Ret. plan 3rd party sick pay 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		

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.

GROSS PAY	79,545.59	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	0.00
FED. INCOME TAX WITHHELD BOX 02 OF W-2	14,994.63	MEDICARE TAX WITHHELD BOX 06 OF W-2	0.00
STATE INCOME TAX BOX 17 OF W-2	0.00	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

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

Social Security Number: XXX-XX-9494

ROHIT GOUD LODE
3395 NW 1ST CT
APT 323
POMPANO BEACH, FL 33069



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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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

City or Local Filing Copy
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