2021 W-2 and EARNINGS SUMMARY



Employee Reference Vage and Tax Statement Statement Dept. Corp. Employer use only A

c Employer's name, address, and ZIP code

P3 GEEKS INC 50 CRAGWOOD RD STE 227 SOUTH PLAINFIELD, NJ 07080 2436

Batch #91947

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

RENUKA ARIMILLI 1656 BECKENHAM WAY VIRGINIA BEACH, VA 23456

b	Emplo	yer's FED ID number 46-2891128	а	Empl			A number (-6984
1	Wages	s, tips, other comp.	2	Feder	al	income	tax withheld
		40150.88					5326.97
3	Social	security wages	4	Socia	l s	security	tax withheld
5	Medic	are wages and tips	6	Medic	are	e tax wi	thheld
7	Social	security tips	8	Alloca	ate	d tips	
9			10	Depen	de	nt care	benefits
11	Nonqu	alified plans	128	a See ir	istr 	uctionsfo	r box 12
14	Other		121		<u> </u>		
	Other		120	C			
			120		<u> </u>		
			13	Stat ei	np	Ret. plan	3rd party sick pay
_	State /A	Employer's state ID r 30462891128F00		State	wa	ages, tip	s, etc. 40150.88
17	State	ncome tax 2050.57	18	Local	w	ages, tip	s, etc.
19	Local	income tax	20	Local	ity	name	

1 Wages, tips, other comp. 40150.88 2 Federal income tax withheld 5326.97
3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 6 Control number Dept. Corp. Employer use only A

c Employer's name, address, and ZIP code

P3 GEEKS INC 50 CRAGWOOD RD STE 227 SOUTH PLAINFIELD, NJ 07080 2436

b	Employer's FED ID number 46-2891128	a Employee's SSA number XXX-XX-6984
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 an	d ZIP code

e/i Employee's fiame, address and zir code

RENUKA ARIMILLI 1656 BECKENHAM WAY VIRGINIA BEACH, VA 23456

15 State Employer's state ID no. 30462891128F001	16 State wages, tips, etc. 40150.88
17 State income tax	18 Local wages, tips, etc.
2050.57	
19 Local income tax	20 Locality name
Federal Fil	ing Copy

W-2 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 Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	41,796.00	41,796.00	41,796.00	41,796.00
Less Other Cafe 125	1,645.12	N/A	N/A	1,645.12
Reported W-2 Wages	40,150.88	0.00	0.00	40,150.88

2. Employee Name and Address.

RENUKA ARIMILLI 1656 BECKENHAM WAY VIRGINIA BEACH, VA 23456

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1 Wages, tips, other comp. 40150.88	2 Federal income tax withheld 5326.97
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. 000082 KB/DYZ	Corp. Employer use only
c Employer's name, address, a P3 GEEKS INC 50 CRAGWOOD SOUTH PLAINFII	RD STE 227
o Employer's FED ID number 46-2891128	a Employee's SSA number
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
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RENUKA ARIMILLI 1656 BECKENHAM V VIRGINIA BEACH, VA	VAY A 23456
1656 BECKENHAM VIRGINIA BEACH, VA	VAY A 23456

VA.State Reference

Statement

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

Wage and Tax

1	Wages, tips, other c	omp. 50.88	2 Federa	I income	tax withheld 5326.97
3	Social security wage	es	4 Social	security 1	tax withheld
5	Medicare wages and	d tips	6 Medica	re tax wit	thheld
d	Control number	Dept.	Corp.		yer use only
00 c	0082 KB/DYZ Employer's name, a			Α	
	SOUTH PI		,		
b	Employer's FED ID 46-289112		a Employ	ree's SSA XXX-XX	
_	Social security tips		8 Allocated tips		
7	Social security tips		8 Allocat	ed tips	
9	Social Security ups		8 Allocat		benefits
9	Nonqualified plans				benefits
9			10 Depend		benefits
9	Nonqualified plans		10 Depend		benefits
9	Nonqualified plans		10 Depend		benefits
9 11 14	Nonqualified plans Other		10 Depend 12a 12b 12c 12d 13 Statem	lent care	benefits 3rd party sick pa
9 11 14 e/f RE 16	Nonqualified plans Other Employee's name, a ENUKA ARIMII 56 BECKENHA	LLI M W	10 Depend 12a 12b 12c 12d 13 Stat em	p. Ret. plan	

20 Locality name

VA.State Filing Copy

Statement

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

Wage and Tax

19 Local income tax