Employee Reference Copy This summary section is included with your W-2 to help describe this portion in more detail. The reverse stide includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer. 670SS PO SOCIAL SECURITY 679.18 2 Wage and Tax Statement Control number Dept Corp. Employer use only 0000010538 T6W **WZK0** s Employer's name, address, and ZIP code FED. INCOME TAX WITHHELD ZILLOW INC 1.524.22 1301 2ND AVE FL 31 SEATTLE, WA 98101-0003 BOX 02 OF W-2 STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 528.27 0.00 e/f Employee's name, address, and ZIP code SHALENI MEDIKONDA 555 W MADISON ST UNIT 01-4203 CHICAGO, IL 60661 b Employer's FED ID number 20-2000033 a Employee's SSA number XXX-XX-0441 10672.01 1524.22 Social security wages 10954.51 Social security tax withheld 679.18 wages and tips 10954.51 Social security tips 158.84 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 D | 283 14 Other SHALENI MEDIKONDA

2021 W-2 and EARNINGS SUMMARY

TAX WITHHELD BOX 04 OF W-2 MEDICARE TAX 158.84 WITHHELD BOX 06 OF W-2 0.00 SUI/SDI BOX 14 OF W-2

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

Social Security Number: XXX-XX-0441

14 Other	12c DDI 1182.99 12d 13 Stat emp Ret_plan 3rd party sick pay	555 W MADISO CHICAGO, IL	ON ST UNIT 01-4203		
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7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 282.50	11 Nonqualified plans	12a D 282,50	11 Nonqualified plans	12a D 282.50
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