2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.

d Control number Dept. Corp. Employer use only 002439 CHIC/OHU 000BU2

Employer's name, address, and ZIP code

MU SIGMA BUSINESS SOLUTI ONS 3400 DUNDEE **RD STE 160** IL 60062 NORTHBROOK

Batch #03886

e/f Employee's name, address, and ZIP code LAXMI KUMARI SHRESTHA 2303 SW ILLINI AVENUE APT 31

BENTONVILLE AK 72713 Employer's FED ID number a Employee's SSA number 83-1409204 XXX-XX-8525 2 Federal income tax withheld Wages, tips, other comp. 45887.39 3723.04 Social security wages Social security tax withheld 45887.39 2845.02 5 Medicare wages and tips 6 Medicare tax withheld 45887.39 665.37 Social security tips 8 Allocated tips

10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans DD | 2818.28 12h 14 Other 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 72365944-WHW 45887.39

18 Local wages, tips, etc.

т

20 Locality name

Wages, tips, other comp. Federal income tax withheld 45887.39 Social security wages 45887.39 2845.02

2007.62

Medicare tax withheld Medicare wages and tips 665.37 45887.39 Control number Employer use only

Employer's name, address, and ZIP code

002439 CHIC/OHU 000BU2

17 State income tax

19 Local income tax

MU SIGMA BUSINESS SOLUTI ONS 3400 DUNDEE **RD STE 160** NORTHBROOK IL 60062

b	Employer's FED ID number 83-1409204		/ee's SS. XXX-XX	A number -8525
7	Social security tips	8 Allocate	ed tips	
9		10 Depend	ent care	benefits
11	Nonqualified plans	12a See in DD	struction	s for box 12 2818.28
14	Other	12b		
		12c		
		12d		
		13 Stat emp		3rd party sick pay
e/f	Employee's name, address an	d ZIP code	<u> </u>	

LAXMI KUMARI SHRESTHA 2303 SW ILLINI AVENUE APT 31 BENTONVILLE AK 72713

15 State Employer's state ID no. 16 State wages, tips, etc. AR 72365944-WHW 45887.39 17 State income tax 18 Local wages, tips, etc. 2007.62 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax 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	AR. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	47,321.77	47,321.77	47,321.77	47,321.77	
Less Other Cafe 125	1,434.38	1,434.38	1,434.38	1,434.38	
Reported W-2 Wages	45,887.39	45,887.39	45,887.39	45,887.39	

2. Employee Name and Address.

LAXMI KUMARI SHRESTHA 2303 SW ILLINI AVENUE APT 31 **BENTONVILLE AK 72713**

© 2021 ADP, Inc.

1	Wages, tips, other of	comp.	2 Federa	l income tax	withheld
45887.39		3723.04			
3 Social security wages 45887.39		4 Social security tax withheld 2845.02			
5 Medicare wages and tips 45887.39		6 Medicare tax withheld 665.37			
d	Control number	Dept.	Corp.	Employer	use only
00	2439 CHIC/0HU	000BU2		T	322
c Employer's name, address, and ZIP code					

MU SIGMA BUSINESS SOLUTI ONS 3400 DUNDEE RD STE 160 NORTHBROOK IL 60062

b	Employer's FED ID number 83-1409204	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD 2818.28
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
ο/f	Employee's name address a	nd ZID code

LAXMI KUMARI SHRESTHA 2303 SW ILLINI AVENUE APT 31 BENTONVILLE AK 72713

15 State Employer's state ID no	. 16 State wages, tips, etc.
AR 72365944-WHW	45887.39
17 State income tax	18 Local wages, tips, etc.
2007.62	
19 Local income tax	20 Locality name

AR.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other of 458	omp. 87.39	2	Federa	income tax	withheld 723.04
3	3 Social security wages 45887.39		4	Social security tax withheld 2845.02		
5	5 Medicare wages and tips 45887.39		6	Medicare tax withheld 665.37		
d	Control number	Dept.		Corp.	Employer	use only
00	2439 CHIC/OHU	000BU2			T	322

c Employer's name, address, and ZIP code

MU SIGMA BUSINESS SOLUTI ONS 3400 DUNDEE RD STE 160 NORTHBROOK IL 60062

b	Employer's FED ID number	a Employee's SSA number
	83-1409204	XXX-XX-8525
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
		DD 2818.28
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick par

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

LAXMI KUMARI SHRESTHA 2303 SW ILLINI AVENUE **APT 31 BENTONVILLE** AK 72713

15 State Employer's state ID no.	16	State wages, tips, etc.
AR 72365944-WHW		45887.39
17 State income tax	18	Local wages, tips, etc.
2007.62		
19 Local income tax	20	Locality name

AR.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Retu