



**W-2** Wage and Tax Statement **2021**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000013 RZ/KMH Dept. Corp. Employer use only **59**

**c** Employer's name, address, and ZIP code  
**BI LABS INC**  
**517 ROUTE 1 S**  
**SUITE 1116**  
**ISELIN, NJ 08830**  
 Batch #91704

**e/f** Employee's name, address, and ZIP code  
**SAKETH MAMIDI**  
**4407 HOPSON ROAD**  
**APT 4309**  
**MORRISVILLE, NC 27560**

**b** Employer's FED ID number **36-4839838** **a** Employee's SSA number **XXX-XX-5571**

**1** Wages, tips, other comp. **5266.80** **2** Federal income tax withheld **653.15**

**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

**14** Other **445.20** PRDIEM  
**12b** |  
**12c** |  
**12d** |  
**13** Stat emp | Ret. plan | 3rd party sick pay

**15** State **NC** Employer's state ID no. **601081444** **16** State wages, tips, etc. **5266.80**

**17** State income tax **234.00** **18** Local wages, tips, etc.

**19** Local income tax **20** Locality name

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	NC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	5,266.80	5,266.80	5,266.80	5,266.80
Reported W-2 Wages	5,266.80	0.00	0.00	5,266.80

2. Employee Name and Address.

**SAKETH MAMIDI**  
**4407 HOPSON ROAD**  
**APT 4309**  
**MORRISVILLE, NC 27560**

© 2021 ADP, Inc.

**1** Wages, tips, other comp. **5266.80** **2** Federal income tax withheld **653.15**

**3** Social security wages **4** Social security tax withheld

**5** Medicare wages and tips **6** Medicare tax withheld

**d** Control number 000013 RZ/KMH Dept. Corp. Employer use only **59**

**c** Employer's name, address, and ZIP code  
**BI LABS INC**  
**517 ROUTE 1 S**  
**SUITE 1116**  
**ISELIN, NJ 08830**

**b** Employer's FED ID number **36-4839838** **a** Employee's SSA number **XXX-XX-5571**

**7** Social security tips **8** Allocated tips

**9** **10** Dependent care benefits

**11** Nonqualified plans **12a** See instructions for box 12

**14** Other **445.20** PRDIEM  
**12b** |  
**12c** |  
**12d** |  
**13** Stat emp | Ret. plan | 3rd party sick pay

**e/f** Employee's name, address and ZIP code  
**SAKETH MAMIDI**  
**4407 HOPSON ROAD**  
**APT 4309**  
**MORRISVILLE, NC 27560**

**15** State **NC** Employer's state ID no. **601081444** **16** State wages, tips, etc. **5266.80**

**17** State income tax **234.00** **18** Local wages, tips, etc.

**19** Local income tax **20** Locality name

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

**1** Wages, tips, other comp. **5266.80** **2** Federal income tax withheld **653.15**

**3** Social security wages **4** Social security tax withheld

**5** Medicare wages and tips **6** Medicare tax withheld

**d** Control number 000013 RZ/KMH Dept. Corp. Employer use only **59**

**c** Employer's name, address, and ZIP code  
**BI LABS INC**  
**517 ROUTE 1 S**  
**SUITE 1116**  
**ISELIN, NJ 08830**

**b** Employer's FED ID number **36-4839838** **a** Employee's SSA number **XXX-XX-5571**

**7** Social security tips **8** Allocated tips

**9** **10** Dependent care benefits

**11** Nonqualified plans **12a** See instructions for box 12

**14** Other **445.20** PRDIEM  
**12b** |  
**12c** |  
**12d** |  
**13** Stat emp | Ret. plan | 3rd party sick pay

**e/f** Employee's name, address and ZIP code  
**SAKETH MAMIDI**  
**4407 HOPSON ROAD**  
**APT 4309**  
**MORRISVILLE, NC 27560**

**15** State **NC** Employer's state ID no. **601081444** **16** State wages, tips, etc. **5266.80**

**17** State income tax **234.00** **18** Local wages, tips, etc.

**19** Local income tax **20** Locality name

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

**1** Wages, tips, other comp. **5266.80** **2** Federal income tax withheld **653.15**

**3** Social security wages **4** Social security tax withheld

**5** Medicare wages and tips **6** Medicare tax withheld

**d** Control number 000013 RZ/KMH Dept. Corp. Employer use only **59**

**c** Employer's name, address, and ZIP code  
**BI LABS INC**  
**517 ROUTE 1 S**  
**SUITE 1116**  
**ISELIN, NJ 08830**

**b** Employer's FED ID number **36-4839838** **a** Employee's SSA number **XXX-XX-5571**

**7** Social security tips **8** Allocated tips

**9** **10** Dependent care benefits

**11** Nonqualified plans **12a** See instructions for box 12

**14** Other **445.20** PRDIEM  
**12b** |  
**12c** |  
**12d** |  
**13** Stat emp | Ret. plan | 3rd party sick pay

**e/f** Employee's name, address and ZIP code  
**SAKETH MAMIDI**  
**4407 HOPSON ROAD**  
**APT 4309**  
**MORRISVILLE, NC 27560**

**15** State **NC** Employer's state ID no. **601081444** **16** State wages, tips, etc. **5266.80**

**17** State income tax **234.00** **18** Local wages, tips, etc.

**19** Local income tax **20** Locality name

NC.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