## 2021 W-2 and EARNINGS SUMMARY

**Employee Reference Copy** Wage and Tax W-2 W Copy C for employee's reco Statement Dept. IB01 Z S 24965 Employer's name, address, and ZIP code

INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760

e/f Employee's name, address, and ZIP code ARULMOZHIVAR PARTHIBAN 9300 COIT RD APT 728 PLANO, TX 75025

19 Local income tax

er a Employee's SSA number XXX-XX-9695
2 Federal income tax withheld
9 5218.23
4 Social security tax withheld
5 4977.05
6 Medicare tax withheld
5 1163.99
8 Allocated tips
10 Dependent care benefits
12a See instructions for box 12 C   36.60
12b D 4114.96
12c W   2244.99
12d DDI 13428.12
13 Stat emp Ret. plan 3rd party sick pa
D no. 16 State wages, tips, etc.
18 Local wages, tips, etc.

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement for 2021 plus any additional 2021 compensation or adjustment received after the 12/22/21 payroll close.

For other tax and payroll information, visit the Payroll Services Web Site at https://w3.ibm.com/hr/web/us/payroll on the IBM Intranet.

ARULMOZHIVAR PARTHIBAN 9300 COIT RD APT 728 PLANO, TX 75025

Social Security Number: XXX-XX-9695

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PAGE 01 OF 01 Fold and Detach Here

1 Wages, tips,	80274.95		l income tax withheld 5218.23		
3 Social secur			cial security wages 80274.95 4 Social security tax withhele 4977.05		
5 Medicare wa					
d Control num 00004J4571 W1	STREET, STREET	Corp. IB01	Employer use only Z 24965		
INTERNA CORPOR 1701 NO ENDICO	RTH ST BL TT, NY 137	DG 256- 760	MACHINES  1  Overe's SSA number		
	FED ID number 0871985		XXX-XX-9695		
7 Social secu	rity tips	8 Alloca	ated tips		
The second secon		The second second	odent care henefite		

20 Locality name

8 Allocated tips		XX-9695
10 Depende	ent care	benefits
CI	truction	s for box 12 36.60
<sup>12b</sup> D		4114.96
12c W	KW K	2244.99
12d DD		13428.12
13 Stat emp. R	et, plan 3	rd party sick pay
	8 Allocated 10 Depende 12a See inst C   12b D   12c W   12d DD	8 Allocated tips  10 Dependent care  12a See instruction C    12b D    12c W

ARULMOZHIVAR PARTHIBAN 9300 COIT RD APT 728 PLANO, TX 75025

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		income tax	20 Locality name

Federal Filing Copy V-2 Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

d	80274.95 d Control number Dept.		Corp.	1163.99 Employer use only	
3	80274.95		4 Social security tax withheld 4977.05		
76159.99					

INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760

b	Employer's FED ID number 13-0871985	a Employ	ee's SSA number XXX-XX-9695
7 Social security tips		8 Allocated tips	
9		10 Depend	lent care benefits
11	Nonqualified plans	12a C	36,60
14	Other	12b D	4114.96
		12c W	2244.99
		12d DD	13428.12
		13 Stat emp.	Ret. plan 3rd party sick par

ARULMOZHIVAR PARTHIBAN 9300 COIT RD APT 728 PLANO, TX 75025

15 State Employer's state ID no.	ate ID no. 16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

. State Filing Copy Wage and Tax Statement

1	Wages, tips, other comp. 76159.99 Social security wages 80274.95 Medicare wages and tips 80274.95		2 Feder	fal income tax withheld 5218.23	
3			4 Social security tax withheld 4977.05		
5			6 Medic	are tax withheld 1163.99	
d 00	Control number 0004J4571 W11	Dept	Corp. IB01	Employer use only Z 24965	

Employer's name, address, and ZIP code INTERNATIONAL BUSINESS MACHINES CORPORATION 1701 NORTH ST BLDG 256-1 ENDICOTT, NY 13760

b	Employer's FED ID number 13-0871985	a Employee's SSA number XXX-XX-9695	
7	Social security tips	8 Allocated	tips
9		10 Dependent care benefits	
11	Nonqualified plans	12a C	36.60
14	Other	<sup>12b</sup> D	4114.96
		12c W	2244.99
		12d DD	13428.12
		13 Stat emp. F	Ret. plan 3rd party sick pay

ARULMOZHIVAR PARTHIBAN 9300 COIT RD APT 728

Í	PLAN	IO, TX 75025		
15	State	Employer's state ID no.	. 16 State wages, tips, etc.	
17	State	income tax	18 Local wages, tips, etc.	
19	Loca	I income tax	20 Locality name	

City or Local Filing Copy

2 Wage and Tax

Statement

of Blied with employee's City or Local Income Tax Neturn Copy 2 to be filed with employee's City or Local Inc