2021 W-2 and EARNINGS SUMMARY

Social Security

Medicare



Employee Reference Wage and Tax Statement Copy OMB No. 1545-0008

Copy C for employee's records.

d Control number Dept. Corp. Employer use only

 Control number
 Dept.
 Corp.
 Employer use of A

 100064
 K1/5LJ
 A
 A

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

Batch #93519

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

KALYAN RAMINENI 1825 SOUTH CRAWFORD STREET APT E4

	OUNT PLEASANT,	MI 48858
b	Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-2811
1	Wages, tips, other comp.	2 Federal income tax withheld
	68660.00	10313.78
3	Social security wages 15330.00	4 Social security tax withheld 950.46
5	Medicare wages and tips 15330.00	6 Medicare tax withheld 222.29
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
•	out.	12c
		13 Stat emp Ret. plan 3rd party sick pa
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	20 Locality name

1 Wages, tips, other comp. 68660.00 2 Federal income tax withheld 10313.78
3 Social security wages 15330.00 4 Social security tax withheld 950.46
5 Medicare wages and tips 15330.00 6 Medicare tax withheld 222.29
d Control number Dept. Corp. Employer use only A
c Employer's name, address, and ZIP code

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b	Employer's FED ID number 82-3642704	a Employee's SSA number XXX-XX-2811		
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 and ZIP code				

KALYAN RAMINENI 1825 SOUTH CRAWFORD STREET APT E4 MOUNT PLEASANT, MI 48858

ı											
	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			20	Local	ity nam	е		
	Federal Fili						7 (`nnv			

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 Wages Wages Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 70,000.00 70,000.00 70,000.00 Gross Pay Less Other Cafe 125 1,340.00 670.00 670.00 Reported W-2 Wages 68,660.00 15,330.00 15,330.00

2. Employee Name and Address.

KALYAN RAMINENI 1825 SOUTH CRAWFORD STREET APT E4 MOUNT PLEASANT, MI 48858

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1 Wages, tips, other comp. 68660.00				2 Federal income tax withheld 10313.78		
3 Social security wages 15330.00				4 Social security tax withheld 950.46		
5 Medicare wages and tips 15330.00			tips 30.00	6 Medicare tax withheld 222.29		
d	Control nu	ımber	Dept.	Corp.	Employer use only	
00	0064	K1/5LJ			Α	
c Employer's name, address, and ZIP code						

VIRTUOSO INFO SYSTEMS INC 9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b Employer's FED ID num 82-3642704	nber a Employee's SSA number XXX-XX-2811
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
e/f Fmnlovee's name addu	ress and ZIP code

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

KALYAN RAMINENI 1825 SOUTH CRAWFORD STREET APT E4 MOUNT PLEASANT, MI 48858

MOUNT PLEASANT,	MI 48858			
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	20 Locality name			
State Pofe	rence Conv			

W-2 Wage and Tax Statement
Statement
Copy2 to be filed with employee's State Income Tax Return.

1	Wages, tips,	other co		2	Federal	income tax 1	withheld 313.78
3	Social secur	ity wage 1533	s 80.00	4	Social	security tax v	vithheld 950.46
5	Medicare wages and tips 15330.00			6	Medica	re tax withhel	d 222.29
d	Control num	ber	Dept.		Corp.	Employer	use only
00	0064 K	1/5LJ				Α	

c Employer's name, address, and ZIP code
VIRTUOSO INFO SYSTEMS

9160 FORUM CORP PKWY 350 FORT MYERS, FL 33905 7805

b	Employer's FED ID number 82=3642704	a Employee's SSA number XXX-XX-2811
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
e/f	Employee's name address a	and ZIP code

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

KALYAN RAMINENI 1825 SOUTH CRAWFORD STREET APT E4 MOUNT PLEASANT, MI 48858

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		20	Locality name

City or Local Reference Copy

Wage and Tax

Statement
Copy 2 to be filed with employee's City or Local Income Tax Return.