2021 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only K7/UGV

Employer's name, address, and ZIP code OBERON IT INC 1404 W WALNUT HILL LN IRVING, TX 75038 3016

Batch #99786

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

SRINIVAS PISIPATI 535 HOLLY LYNN DRIVE CARY, IL 60013

b Employer's FED ID number 26-0544503		a Employee's SSA number XXX-XX-4782									
1	Wages	, tips, oth	er com	э.	2	Feder	al	income	tax v	vithheld	i
		4	9700.	00					79	47.03	3
3 Social security wages			4	Socia	l s	security	tax v	vithheld	ı		
		4	9700.	00	3081.40			0			
5 Medicare wages and tips 49700.00		6	Medic	ar	e tax wi		^d 20.6	5			
7	Social	security t	ips		8 Allocated tips						
9		10	Depen	de	nt care	bene	fits				
11 Nonqualified plans		12	a See ir	str	ructionsfo	r box	12				
14	Other				12						
	Othici				12						
					12		<u> </u>		_		
					13	Stat ei	np.	Ret. plan	3rd p	arty sick	pay
15	State	Employer's	s state	ID no.	16	State	wa	ages, tip	s, et	c.	
IL 26-0544503 000						497	700.00	0			
17 State income tax		18	Local	w	ages, tip	s, et	c.				
			<u> 2460.</u>	15							
19 Local income tax			20	Local	ity	name					

1	Wages, tips, other of 497	omp. 00.00	2 Federa	I income tax	withheld 7947.03
3	Social security wage 497	95 00.00	4 Social	security tax	withheld 3081.40
5	Medicare wages and 497	l tips 00.00	6 Medica	re tax withh	eld 720.65
d	Control number	Dept.	Corp.	Employer	use only
0.0	00057 K7/UGV			Α	44

c Employer's name, address, and ZIP code

OBERON IT INC 1404 W WALNUT HILL LN IRVING, TX 75038 3016

b	Employer's FED ID number 26-0544503	a Employee's SSA number XXX-XX-4782			
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					

SRINIVAS PISIPATI 535 HOLLY LYNN DRIVE CARY, IL 60013

15 State	Employer's state ID no. 26-0544503 000	16 State wages, tips, etc. 49700.00
17 State	income tax 2460.15	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name
	Federal Fili	ina Copy

Wage and Tax Statement OMB Copy B to be filed with employee's Federal Income Tax Retu

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.

Social Security Wages, Tips, other Medicare IL. State Wages, Compensation Tips, Etc. Wages Wages Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 Box 1 of W-2

49,700.00 49,700.00 49,700.00 49,700.00 Gross Pav Reported W-2 Wages 49,700.00 49,700.00 49,700.00 49,700.00

2. Employee Name and Address.

SRINIVAS PISIPATI 535 HOLLY LYNN DRIVE CARY, IL 60013

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1 Wages, tips, other comp. 49700.00			2 Federal income tax withheld 7947.03		
3	Social security wag 497	4 Social security tax withheld 3081.40			
5	Medicare wages an 497	6 Medica	re tax withh	neld 720.65	
d	Control number	Dept.	Corp.	Employer	use only
00	0057 K7/UGV			Α	44
c Employer's name, address, and ZIP code					

OBERON IT INC 1404 W WALNUT HILL LN IRVING, TX 75038 3016

a Employee's SSA number XXX-XX-4782					
8 Allocated tips					
its					
rty sick pay					
1					

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

SRINIVAS PISIPATI 535 HOLLY LYNN DRIVE CARY, IL 60013

15 State Employer's state ID no. 26-0544503 000	16 State wages, tips, etc. 49700.00
17 State income tax	18 Local wages, tips, etc.
2460.15	
19 Local income tax	20 Locality name
IL.State Refe	erence Copy
Mage ar	

Statement

Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 49700.00			Federa	income tax withheld 7947.03	
3	3 Social security wages 49700.00			4 Social security tax withheld 3081.40		
5	5 Medicare wages and tips 49700.00		6	Medica	re tax withheld 720.65	
d	d Control number Dept			Corp.	Employer use only	
00	0057 K7/UGV				A 44	
c Employer's name address and ZIP				ZIP cod	9	

OBERON IT INC 1404 W WALNUT HILL LN IRVING, TX 75038 3016

b	Employer's FED ID number 26-0544503	a Employee's SSA number XXX-XX-4782					
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 p					

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

SRINIVAS PISIPATI 535 HOLLY LYNN DRIVE CARY, IL 60013

15 State	Employer's state ID no. 26-0544503 000	16	State wages, tips, etc. 49700.00
17 State	income tax	18	Local wages, tips, etc.
	2460.15		
19 Local	income tax	20	Locality name
			•
	II State Filin	a	Conv

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