2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records d Control number Corp. Employer use only 000066 RB/W6X Employer's name, address, and ZIP code QUANTUM ANALYTICS INC 50 CRAGWOOD RD STE 305 SOUTH PLAINFIELD, NJ 07080 2436 Batch #91550 e/f Employee's name, address, and ZIP code RESHMA GOWRI BHIMANADUNI 11538 HUEBNER RD APT#2322 SANANTONIO, TX 78230 Employer's FED ID number a Employee's SSA number XXX-XX-2796 82-0866111 Wages, tips, other 2 Federal income tax withheld 59400.00 4854.64 3 Social security wages 4 Social security tax withheld 59400.00 3682.80 Medicare wages and tips 59400.00 6 Medicare tax withheld 861.30 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 13 Stat emp Ret. plan 3rd party sick pay

15 State Employer's state ID no. 16 State wages, tips, etc.

59400.00

18 Local wages, tips, etc.

20 Locality name

Federal income

Social security tax withheld 3682.80

4854.64

17 State income tax

19 Local income tax

Wages, tips, other

Social security wages 59400.00

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.

59,400.00

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2 Medicare Wages Box 5 of W-2

Gross Pay

Reported W-2 Wages

59,400.00

59,400.00 **59,400.00** 59,400.00 **59,400.00**

2. Employee Name and Address.

RESHMA GOWRI BHIMANADUNI 11538 HUEBNER RD APT#2322 SANANTONIO, TX 78230

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5 Medicare wages and tips 59400.00	6 Medicare tax withheld 861.30
d Control number Dept.	Corp. Employer use only
000066 RB/W6X	A 5
c Employer's name, address,	and ZIP code
50 CRAGWOOD STE 305	ALYTICS INC RD FIELD, NJ 07080 2436
b Employer's FED ID number 82-0866111	a Employee's SSA number
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
RESHMA GOWRI BI 11538 HUEBNER RE APT#2322 SANANTONIO, TX 7	
15 State Employer's state ID n	
	tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal F	iling Copy

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

1	Wages, tips, other comp. 59400.0		2 Federa	al income tax withheld 4854.64
3	3 Social security wages 59400.00		4 Social	security tax withheld 3682.80
5 Medicare wages and tips 59400.00		6 Medica	are tax withheld 861.30	
d	Control number De	ept.	Corp.	Employer use only
00	0066 RB/W6X			A 5
С	Employer's name, addres			le
	QUANTUM A 50 CRAGWOO STE 305 SOUTH PLAIN	D	RD	INC NJ 07080 2436
b	Employer's FED ID numb 82-0866111			yee's SSA number XXX-XX-2796
7	Social security tips		8 Allocated tips	
9	9		10 Dependent care benefits	
11	Nonqualified plans		12a	
14	Other	-	12b	
		1	12c	
		ŀ	12d	
		1	13 Stat emp	Ret. plan 3rd party sick pa
e/f	Employee's name, addres	s and	ZIP code	<u> </u>
11: AP		RD	1ANAD 30	UNI
15	State Employer's state ID	no.	16 State v	vages, tips, etc.
7	State income tax	7	18 Local v	wages, tips, etc.
19	Local income tax		20 Locality	y name
_	State R	efer	ence	Сору

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1	Wages, tips, other comp. 59400.00	2 Federal income tax withheld 4854.64			
3	Social security wages 59400.00	4 Social security tax withheld 3682.80			
5	Medicare wages and tips 59400.00	6 Medicare tax withheld 861.30			
d	Control number Dept.	Corp. Employer use only			
0.0	00066 RB/W6X	A 5			
С	Employer's name, address, a	nd ZIP code			
QUANTUM ANALYTICS INC 50 CRAGWOOD RD STE 305 SOUTH PLAINFIELD, NJ 07080 2436					
ļ_					
b	Employer's FED ID number 82-0866111	a Employee's SSA number XXX-XX-2796			
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 an	d ZIP code			
RE	RESHMA GOWRI BHIMANADUNI				
11	538 HUEBNER RD				
ΑP	T#2322				
SA	NANTONIO, TX 782	230			
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 F	Reference Copy			
1	W_2 Wage and Tax 2021				
V	VV-Z Statement ZUZI				

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