2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records, d Control number Dept. Corp. Employer use only R6/52R 000027

Employer's name, address, and ZIP code

SRI INFOTECH 50 CRAGWOOD RD SUITE 305 SOUTH PLAINFIELD,

NJ 07080

Batch #91522

e/f Employee's name, address, and ZIP code RESHMA GOWRI BHIMANADUNI 11538 HUEBNER RD

APT#2322

TY 78230 CHANTONIA

-CIANIA	LOIAIC	, in 10	2.0					*******
Employer's FED ID number 82-2770629			а	a Employee's SSA number XXX-XX-2796				
Wages, tips, other comp.		2 Federal income tax withheld						
		21960.00					178	2.69
3 Social security wages 21960.00		4 Social security tax withheld						
		21960.00	1			136	1.52	
5 Medicare wages and tips 21960.00		6 Medicare tax withheld						
		318.42						
Social	security	tips	8 Allocated tips					
			10	Depen	de	nt care	benefits	
1 Nonqualified plans		12a See instructions for box 12						
14 Other		12b						
				<u> </u>				
			13	Stat e	mp	Ret. plan	3rd part	y sick pay
State	Employe	er's state ID no	16	State	W	ages, típ	s, etc.	
State	income t	ax	18	Local	w	ages, tip	s, etc.	
19 Local income tax		20 Locality name						
	Wages Social Medica Social Nonqu Other	Employer's FE 82-27' Wages, tips, o Social security Medicare wage Social security Nonqualified p Other State Employer State income t	Employer's FED ID number 82-2770629 Wages, tips, other comp. 21960.00 Social security wages 21960.00 Medicare wages and tips 21960.00 Social security tips Nonqualified plans Other State Employer's state ID no	Employer's FED ID number 82-2770629	82-2770629 2 Feder 21960.00 2 Feder 21960.00 3 Social security wages 21960.00 6 Medicare wages and tips 21960.00 8 Allocate 21960.00 10 Depen 12a See in 12b 12c 12d 13 State 15 State 15 Employer's state 10 no. 16 State 18 Locate 19 State 19 State 18 Locate 19 State 19	Employer's FED ID number 82-2770629	a Employer's SSA	Employer's FED ID number 82-2770629

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

Gross Pav Reported W-2 Wages

21,960.00 21,960.00

21,960.00 21,960.00

21,960.00 21,960.00

2. Employee Name and Address.

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

© 2021 ADP. Inc.

1 Wa	1 Wages, tips, other comp. 21960.00			2 Federal income tax withheld 1782.69		
3 Social security wages 21960.00			4 Social security tax withheld 1361.52			
5 Me	Medicare wages and tips 21960.00		6 Medicare tax withheld 318.42			
d Co	trol number	r	Dept.	Corp.	Employer	use only
0000	27 R6/	52R			Α	7
SRI INFOTECH 50 CRAGWOOD RD SUITE 305 SOUTH PLAINFIELD, NJ 07080						
b Em	ployer's FE 8 2-27	7062	number !9	nber a Employee's SSA number XXX-XX-2796		
7 So	ial security	tips		8 Allocated tips		
9	9			10 Dependent care benefits		

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 BHIMANADUNI 11538 HUEBNER RD APT#2322 SANANTONIO, TX 78230					
5 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				
Federal F	ling Copy				

Wage and Tax Statement

1	Wages, tips, other comp.	2 Federal income tax withheld				
	21960.00	1782.69				
3	Social security wages 21960.00	4 Social security tax withheld 1361.52				
5	Medicare wages and tips 21960.00	6 Medicare tax withheld 318.42				
d	Control number Dept.	Corp. Employer use only				
00	0027 R6/52R	A 7				
С	Employer's name, address, a	nd ZIP code				
SRI INFOTECH 50 CRAGWOOD RD SUITE 305 SOUTH PLAINFIELD, NJ 07080						
b	Employer's FED ID number 82-2770629	a Employee's SSA number				
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	nd ZIP code				
RE	SHMA GOWRI BHI	MANADUNI				
11538 HUEBNER RD						
APT#2322						
SANANTONIO, TX 78230						
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 Refe	erence Copy				
1	Wage and Tax 2021					
W-2 Wage and Tax 2021						

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

2 Federal income tax withheld 1782.69	1 Wages, tips, other comp. 21960.00	2 Federal income tax withheld 1782.69		
4 Social security tax withheld 1361.52	3 Social security wages 21960.00	4 Social security tax withheld 1361.52		
6 Medicare tax withheld 318.42	5 Medicare wages and tips 21960.00	6 Medicare tax withheld 318.42		
Corp. Employer use only A 7	d Control number Dept. 000027 R6/52R	Corp. Employer use only A 7		
and ZIP code	c Employer's name, address, as	nd ZIP code		
RD ELD, NJ 07080	SRI INFOTECH 50 CRAGWOOD SUITE 305 SOUTH PLAINFIE	RD ELD, NJ 07080		
a Employee's SSA number XXX-XX-2796	b Employer's FED ID number 82-2770629	a Employee's SSA number XXX-XX-2796		
8 Allocated tips	7 Social security tips	8 Allocated tips		
10 Dependent care benefits	9 10 Dependent care benefits			
12a	11 Nonqualified plans	12a		
12b	14 Other	12b		
12c		12c		
12d		12d		
13 Stat emp Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		
and ZIP code	e/f Employee's name, address ar	nd ZIP code		
IMANADUNI	RESHMA GOWRI BHI 11538 HUEBNER RD APT#2322 SANANTONIO. TX 78:	MANADUNI		
o. 16 State wages, tips, etc.	15 State Employer's state ID no.	. 16 State wages, tips, etc.		
18 Local wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		
20 Locality name	19 Local income tax	20 Locality name		
erence Copy	City or Local	Reference Copy		
and Tax 2021 ent OMB No. 1545-0008	W-2 Wage at Statem Copy 2 to be filed with employee's City of	ent ZUZ		