



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.

City or Local Reference Copy  
**W-2** Wage and Tax **2021**  
Statement

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008  
d Control number Dept. Corp. Employer use only  
078818 BALT/47J 001 A 2566

c Employer's name, address, and ZIP code  
**MBO PROFESSIONAL SERVICE  
S INC  
20405 EXCHANGE ST 301  
ASHBURN VA 20147**  
  
Batch #02862

e/f Employee's name, address, and ZIP code  
**DIVYANSHI GALLA  
774 HAZELWOOD AVENUE  
PITTSBURGH PA 15217**

b Employer's FED ID number 26-4179224	a Employee's SSA number XXX-XX-9896
1 Wages, tips, other comp. 39826.00	2 Federal income tax withheld 8758.76
3 Social security wages 39826.00	4 Social security tax withheld 2469.21
5 Medicare wages and tips 39826.00	6 Medicare tax withheld 577.48
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 828.00
14 Other 24.39 SUI	12b 12c 12d
15 State Employer's state ID no.	13 Stat emp Ret. plan 3rd party sick pay
16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 39826.00	19 Local income tax 1194.76
20 Locality name 700102	

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	700102 PITTS Local Wages, Tips, Etc. Box 18 of W-2
Less Other Cafe 125	40,654.00
Reported W-2 Wages	828.00
	39,826.00

2. Employee Name and Address.

**DIVYANSHI GALLA  
774 HAZELWOOD AVENUE  
PITTSBURGH PA 15217**

\* PA local wages and withholding are reported to employee work location PSD unless it is outside of PA (Per Act 32)  
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INTENTIONALLY  
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5 Medicare wages and tips 39826.00	6 Medicare tax withheld 577.48
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e/f Employee's name, address and ZIP code  
**DIVYANSHI GALLA  
774 HAZELWOOD AVENUE  
PITTSBURGH PA 15217**

16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 39826.00	19 Local income tax 1194.76
20 Locality name 700102	

City or Local Filing Copy  
**W-2** Wage and Tax **2021**  
Statement

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

# 2021 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

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
<b>GROSS PAY</b>	<b>98,428.28</b>	<b>98,428.28</b>	<b>98,428.28</b>
FICA Adj		-4,833.33	-4,833.33
OneFirmSpa	-250.00	-250.00	-250.00
Gifts	50.00	50.00	50.00
Exp	-595.00	-595.00	-595.00
EmpRecogn	125.00	125.00	125.00
Dental	-84.00	-84.00	-84.00
Vision	-14.00	-14.00	-14.00
Uhc Hdp	-571.00	-571.00	-571.00
<b>Other</b>		<b>-92,255.95</b>	<b>-92,255.95</b>
<b>W-2 WAGES</b>	<b>97,089.28</b>		

NY REQUIRES NY WAGES IN BOX 16 TO BE THE SAME AMOUNT AS FED WAGES IN BOX 1.

**DIVYANSHI GALLA**  
170 LAKESHORE ROAD BOSTON,  
BOSTON, MA 02135

Social Security Number: XXX-XX-9896

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PAGE 01 OF 02

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy C for employer's records. OMB No. 1545-0008

d Control number 1584649199 WGK Dept. US0001 Corp. Employer use only S 8662

e Employer's name, address, and ZIP code  
**PWC ADVISORY SERVICES LLC**  
P O BOX 30004  
TAMPA, FL 33630-3004

e/f Employee's name, address, and ZIP code  
**DIVYANSHI GALLA**  
170 LAKESHORE ROAD BOSTON,  
BOSTON, MA 02135

b Employer's FED ID number 46-4958214 a Employee's SSA number XXX-XX-9896

1 Wages, tips, other comp. 97089.28 2 Federal income tax withheld 17063.86

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

7 Social security tips 8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12 W | 408.24

14 Other 28.46 PA UI 191.22 MAPFML 12b DD 3351.00

12c 12d 13 Stat emp/Ret. plan/3rd party sick pay

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

17 State income tax 3943.62 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Wages, tips, other comp. 97089.28 2 Federal income tax withheld 17063.86

3 Social security wages 4 Social security tax withheld

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d Control number 1584649199 WGK Dept. US0001 Corp. Employer use only 8662

e Employer's name, address, and ZIP code  
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BOSTON, MA 02135

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**Federal Filing Copy**  
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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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e/f Employee's name, address and ZIP code  
**DIVYANSHI GALLA**  
170 LAKESHORE ROAD BOSTON,  
BOSTON, MA 02135

15 State Employer's state ID no. MA WTH-11988853-003 16 State wages, tips, etc. 49892.97

17 State income tax 2494.68 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

**MA. State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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TAMPA, FL 33630-3004

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**MA. State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
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HCS (HealthAct)  
PO Box 5236  
Cherry Hill, NJ 08034



0000032021\*RKSPWC769GuGefqHEG0000000516226

DIVYANSHI GALLA  
170 LAKESHORE ROAD BOSTON  
BOSTON, MA 02135

**IMPORTANT TAX INFORMATION – DO NOT DISCARD!**

**Enclosed Is Your IRS Form 1095**

**Why am I receiving this form?** The Affordable Care Act requires that certain employers, like PwC, provide you with the enclosed IRS Form 1095. Depending on your status with PwC and your health care coverage, you may be receiving more than one Form 1095.

**What should I do with this form?** This form provides documentation of employer-provided health coverage offered to you as well as enrollment information for your dependents as required by the Affordable Care Act. This form is for informational purposes only; you do not need to attach your Form 1095 to your Federal Form 1040 income tax filing. Simply retain your Form 1095 with your other income tax documents for recordkeeping purposes.

**What is a Corrected Form 1095?** A CORRECTED Form 1095 is issued when information about you or your coverage has been updated. (This new form is for your records only; you do not need to refile your taxes. The CORRECTED box will be checked only if the previously-issued Form 1095 has already been filed with the IRS.)

Form **1095-C**  
 Department of the Treasury  
 Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.  
 Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2021**

Part I Employee			Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) DIVYANSHI GALLA		2 Social security number (SSN) XXX-XX-9896	7 Name of employer PRICEWATERHOUSRCOOPERS ADVISORY SERVICES LLC		8 Employer identification number (EIN) 46-4958214	
3 Street address (including apartment no.) 170 LAKESHORE ROAD BOSTON			9 Street address (including room or suite no.) 4040 W BOY SCOUT BLVD		10 Contact telephone number 877-792-2369	
4 City or town BOSTON	5 State or province MA	6 Country and ZIP or foreign postal code 02135	11 City or town TAMPA	12 State or province FL	13 Country and ZIP or foreign postal code 33607	

14 Offer of Coverage (enter required code)	Employee Offer of Coverage			Employee's Age on January 1					Plan Start Month (enter 2-digit number): 07				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D				2C			
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2021)

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	DIVYANSHI GALLA	XXX-XX-9896		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>