Employee Reference Copy Wage and Tax Statement Dept Control number Employer use only 4707966780 W75 LOR 13140 Employer's name, address, and ZIP code LNRS DATA SERVICES INC. 9443 SPRINGBORO PIKE MIAMISBURG, OH 45342 e/I Employee's name, address, and ZIP code SAGAR BOHRA 3816 AUDLEY STREET APT # 3306 HOUSTON, TX 77098 Employer's FED ID number 76-0199035 Employee's SSA number XXX-XX-6009 Wages, tips, other comp. ne tax withheld 75953.30 9729.87 Social security wages Social security tax withheld 14867.55 921.79 Medicare wages and tips Medicare tax withheld 14867.55 215,58 Social security tips 10 Dependent care benefits 12a See instructions for box 12 C | 20.28 12b W | 499.98 12c DD 6515.04 11 Nonqualified plans 14 Other 12c DD 12d | 13 Stat emp | Ret. plan |3rd party sick pay 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

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
GROSS PAY	77,575.44	77,575.44	77,575.44
Pretax MED	-450.06	-450.06	-450.06
PTX DEN	-603.72	-603.72	-603.72
PTX VSN	-88.66	-88.66	-88.66
HSA	-499.98	-499.98	-499.98
GTL	20.28	20.28	20.28
Other		-61.085.75	-61,085.75
W-2 WAGES	75,953.30	14,867.55	14,867.55

Social Security Number: XXX-XX-6009

SAGAR BOHRA 3816 AUDLEY STREET APT # 3306 HOUSTON, TX 77098

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MIAMISBURG, OH 45342

1	Wages, tips, other 759	comp. 953.30	2 Federa	l income tax withheld 9729.87
3 Social security wages 14867.55 5 Medicare wages and tips 14867.55		4 Social security tax withheld 921.79 6 Medicare tax withheld 215.58		

LNRS DATA SERVICES INC. 9443 SPRINGBORO PIKE MIAMISBURG, OH 45342

ь	Employer's FED ID number 76-0199035	a Employee	XX-XX-6009
7	Social security tips	8 Allocated	tips
9		10 Dependen	t care benefits
11	Nonqualified plans	12a See Instru	uctions for box 12 20.28
14	Other	12b W	499.98
		12c DD	6515.04
		12d	CONTRACTOR (MAC)
		13 Stat emp. Ret	plan 3rd party sick pay
-/	Employee's name, address a	nd ZIP code	OFFICE ON THE

SAGAR BOHRA

SAGAR BOHRA
3816 AUDLEY STREET
APT # 3306
HOUSTON, TX 77098

15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State Income tax		16 Local wages, tips, etc.	
19 Loca	al income tax	20 Locality name	

Federal Filing Copy

V = 2 Wage and Tax
Statement
OMB No. 1545-000

1 Wages, tips, other	comp.	2 Federa	I Income tax withheld
75	953.30		9729.87
3 Social security wa	ges 867.55	4 Social security tax withhe 921.7	
5 Medicare wages a	nd tips	6 Medica	re tax withheld
14	867.55		215.58
d Control number	Dept.	Corp.	Employer use only
4707966780 W75	LOR		13140
c Employer's name, LNRS DATA 9443 SPRING	address, a	ES INC.	· properties

Ь	Employer's FED ID number 76-0199035	a Employee's	XX-XX-6009
7	Social security tips	8 Allocated to	ips
9		10 Dependent	care benefits
11	Nonqualified plans	12a C	20.28
14	Other	12b W	499.98
		12c DD	6515.04
		12d	The trade of
		13 Stat emp. Ret.	plan 3rd party sick pay

SAGAR BOHRA
3816 AUDLEY STREET
APT # 3306
HOUSTON, TX 77098

DETAC	15	State	Employer's state ID no.	16	State wages, tips, etc.	
AND	17	State	income tax	18	Local wages, tips, etc.	-
FOLD	19	Local	income tax	20	Locality name	-

. State Filing Copy
Wage and Tax 2021
Statement OMB No. 1545-000
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 75953.30 3 Social security wages 14867.55			4 Social security tax withheld		
d Control number Dept. 4707966780 W75 LOR		Corp.	Employer use only 13140		
°	Employer's name	, address, a	nd ZIP cod	• pilotecholistici	

LNRS DATA SERVICES INC. 9443 SPRINGBORO PIKE MIAMISBURG, OH 45342

Ь	Employer's FED ID number 76-0199035	a Employee's	SSA number CX-XX-6009
7	Social security tips	8 Allocated t	ips
9		10 Dependent	care benefits
11	Nonqualified plans	12a	et depotation
		C	20.28
14	Other	12b W	499.98
		12c DD	6515.04
		12d	V 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		13 Stat emp. Ref	L plan 3rd party sick pay
e/I	Employee's name, address a	nd ZIP code	Part of the St

SAGAR BOHRA 3816 AUDLEY STREET APT # 3306 HOUSTON, TX 77098

Ä	15	State	Employer's state ID no.	16	State wages, tips, etc.
AND	17	State	Income tax	18	Local wages, tips, etc.
Ö	19	Local	Income tax	20	Locality name

City or Local Filing Copy

W = 2 Wage and Tax

Statement

ONB No. 1645-0008

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