Employee Re	ference Copy		
$\mathbf{M} \mathbf{O}$ Wage a			
VV-Z Staten			
	OMB No. 1545-0008		
Copy C for employee'srecords. d Control number Dept.	Corp. Employer use only		
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	•		
c Employer's name, address,	and ZIP code		
BRAVEN TECH	NOLOGIES INC		
2770 MAIN ST	STE 203		
FRISCO, TX 75	033		
	Batch #91520		
e/f Employee's name, address,	and ZIP code		
LOHITA CHALLA			
	GE CIRCLE		
APT 4127			
MORRISVILLE, NC 2	7560		
Employer's FED ID number	a Employee's SSA number		
45-0919609	XXX-XX-9082		
Wages, tips, other comp.	<sup>2</sup> Federal income tax withheld		
46560.00	7710.90		
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		
	12a See instructions for box 12		
1 Nonqualified plans	12a See Instructions for box 12		
	12b		
14 Other	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick part		
15 State Employer's state ID n	AC State wages tips ate		
NC 601311771	46560.00		
17 State income tax	18 Local wages, tips, etc.		
2204.00	ee Laaslitu waxaa		
19 Local income tax	20 Locality name		

## 2021 W-2 and EARNINGS SUMMARY



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	NC. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay Reported W-2 Wages	46,560.00 <b>46,560.00</b>	46,560.00 <b>0.00</b>	46,560.00 <b>0.00</b>	46,560.00 <b>46,560.00</b>	

2. Employee Name and Address.

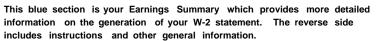
LOHITA CHALLA 4000 DOMINION RIDGE CIRCLE APT 4127 MORRISVILLE, NC 27560

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1 Wages, tips, other comp. 46560.00	2 Federal income tax withheld 7710.90	1 Wages, tips, other comp. 46560.00	2 Federal income tax withheld 7710.90	1 Wages, tips, other comp. 46560.00	2 Federal income tax withheld 7710.90
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips 6 Medicare tax withheld		5 Medicare wages and tips 6 Medicare tax withheld	
d Control number Dept. 000025 K7/5FX	Corp. Employer use only 5	d Control number Dept. 000025 K7/5FX	Corp. Employer use only 5	d Control number Dept. 000025 K7/5FX	Corp. Employer use only 5
c Employer's name, address,	and ZIP code	c Employer's name, address,	and ZIP code	c Employer's name, address, a	nd ZIP code
BRAVEN TECHN 2770 MAIN ST FRISCO, TX 750	STE 203	BRAVEN TECHI 2770 MAIN ST FRISCO, TX 75	STE 203	BRAVEN TECHN 2770 MAIN ST FRISCO, TX 750	STE 203
b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082	b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082	b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		120		12c
	12d		12d		12d
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address	and ZIP code	e/f Employee's name, address a	nd ZIP code
LOHITA CHALLA		LOHITA CHALLA		LOHITA CHALLA	
4000 DOMINION RIDO	GE CIRCLE	4000 DOMINION RID	GE CIRCLE	4000 DOMINION RIDO	E CIRCLE
APT 4127		APT 4127		APT 4127	
MORRISVILLE, NC 2	7560	MORRISVILLE, NC 2	7560	MORRISVILLE, NC 27	7560
15 State Employer's state ID no NC 601311771	b. 16 State wages, tips, etc. 46560.00	15 State Employer's state ID n NC 601311771	o. 16 State wages, tips, etc. 46560.00	15 State Employer's state ID no NC 601311771	. 16 State wages, tips, etc. 46560.00
17 State income tax 2204.00	18 Local wages, tips, etc.	17 State income tax 2204.00	18 Local wages, tips, etc.	17 State income tax 2204.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal F	iling Copy	NC.State R	eference Copy	NC.State Fil	ling Copy
W-2 Wage a Statem Copy B to be filed with employee's F	and Tax 2021	W-2 Wage a Statemer Copy 2 to be filed with employee's State		W-2 Wage a Statem Copy 2 to be filed with employee's State	nd Tax <b>2021</b> ent <b>2015</b>

Employee De	foronoo Conv		
Employee Re Wage a			
<b>VV-Z</b> Statem			
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d Control number Dept.	Corp. Employer use only		
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c Employer's name, address, a			
BRAVEN TECHN 2770 MAIN ST	NOLOGIES INC STE 203		
FRISCO. TX 75			
	55		
	Batch #91520		
e/f Employee's name, address, a	and ZIP code		
LOHITHA CHALLA			
4000 DOMINION RIDO	GE CIRCLE		
APT 4127			
MORRISVILLE, NC 2			
b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082		
1 Wages, tips, other comp.	<sup>2</sup> Federal income tax withheld		
14560.00	2034.46		
3 Social security wages	4 Social security tax withheld		
14560.00	902.72		
5 Medicare wages and tips 14560.00	6 Medicare tax withheld 211.12		
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		
15 State Employer's state ID no NC 601311771	D. 16 State wages, tips, etc. 14560.00		
17 State income tax	18 Local wages, tips, etc.		
684.00			
19 Local income tax	20 Locality name		

## 2021 W-2 and EARNINGS SUMMARY



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

	Wages, Tips, other	Social Security	Medicare	NC. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Reported W-2 Wages	14,560.00	14,560.00	14,560.00	14,560.00
	<b>14,560.00</b>	<b>14,560.00</b>	<b>14,560.00</b>	<b>14,560.00</b>

2. Employee Name and Address.

LOHITHA CHALLA 4000 DOMINION RIDGE CIRCLE APT 4127 MORRISVILLE, NC 27560

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1 Wages, tips, other comp. 14560.00	2 Federal income tax withheld 2034.46	1 Wages, tips, other comp. 14560.00	2 Federal income tax withheld 2034.46	1 Wages, tips, other comp. 14560.00	2 Federal income tax withheld 2034.46
3 Social security wages 14560.00	4 Social security tax withheld 902.72	3 Social security wages 14560.00	4 Social security tax withheld 902.72	<sup>3</sup> Social security wages 14560.00	4 Social security tax withheld 902.72
5 Medicare wages and tips 14560.00	6 Medicare tax withheld 211.12	5 Medicare wages and tips 14560.00	6 Medicare tax withheld 211.12	5 Medicare wages and tips 14560.00	6 Medicare tax withheld 211.12
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only
000033 K7/5FX	A 6	000033 K7/5FX	A 6	000033 K7/5FX	A 6
c Employer's name, address, a	Employer's name, address, and ZIP code c Employer's name, address, and ZIP code		c Employer's name, address, a	nd ZIP code	
BRAVEN TECHNOLOGIESINCBRAVEN TECHNOLOGIES2770MAIN ST STE 2032770MAIN ST STE 203FRISCO, TX 75033FRISCO, TX 75033FRISCO, TX 75033		STE 203	BRAVEN TECHN 2770 MAIN ST FRISCO, TX 750	STE 203	
b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082	b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082	b Employer's FED ID number 45-0919609	a Employee's SSA number XXX-XX-9082
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a
14 Other	12b	14 Other	12b	14 Other	12b
	12c		12c		12c
	12d		12d		12d
	13 Stat emp.Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address ar	nd ZIP code	e/f Employee's name, address an	d ZIP code	e/f Employee's name, address ar	nd ZIP code
LOHITHA CHALLA LOHITHA CHALLA		LOHITHA CHALLA	LOHITHA CHALLA		
4000 DOMINION RIDO	BE CIRCLE		E CIRCLE	4000 DOMINION RIDGE CIRCLE	
APT 4127		APT 4127		APT 4127	
MORRISVILLE, NC 27	7560	MORRISVILLE, NC 27560		MORRISVILLE, NC 27	560
15 State Employer's state ID no. NC 601311771	. 16 State wages, tips, etc. 14560.00	15 State Employer's state ID no. NC 601311771	16 State wages, tips, etc. 14560.00	15 State Employer's state ID no. NC 601311771	16 State wages, tips, etc. 14560.00
17 State income tax 684.00	18 Local wages, tips, etc.	17 State income tax 684.00	18 Local wages, tips, etc.	17 State income tax 684.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name
Federal Fi	ling Copy	NC.State Re	ference Copy	NC.State Fil	ing Copy
W-2 Wage and Tax 2021		W-2 Wage and Tax 2021 Statement		W-2 Wage and Tax 2021	
Copy B to be filed with employee's Fe	OMB No. 1545-0008 ederal Income Tax Return.	Copy 2 to be filed with employee's State		Copy 2 to be filed with employee's State	OMB No 1545-0008