

2021W-2 and EARNINGS SUMMARY

Employee Reference Copy <b style="font-size: 2em;">W-2 Wage and Tax Statement <b style="font-size: 2em;">2021 Copy C for employee's records. OMB No. 1545-0008			
d Control number		Dept.	Corp.
000026 R3/4R6			Employer use only
c Employer's name, address, and ZIP code			
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR CITY OF SANFORD, FL 32773 Batch #91258			
e/f Employee's name, address, and ZIP code			
ANIL KUMAR MOGULLAPALLI 12481 SHADY BRIDGE TRL JACKSONVILLE, FL 32258			
b Employer's FED ID number		a Employee's SSA number	
84-2450930		XXX-XX-6373	
1 Wages, tips, other comp.		2 Federal income tax withheld	
22500.00		2137.02	
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	
14 Other		12b	
		12c	
		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		

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 Pay	22,500.00	22,500.00	22,500.00
Reported W-2 Wages	22,500.00	0.00	0.00

2. Employee Name and Address.

ANIL KUMAR MOGULLAPALLI
12481 SHADY BRIDGE TRL
JACKSONVILLE, FL 32258

2021 ADP, Inc.

1 Wages, tips, other comp.		2 Federal income tax withheld	
22500.00		2137.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
d Control number		Dept.	Corp.
000026 R3/4R6			Employer use only
c Employer's name, address, and ZIP code			
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR CITY OF SANFORD, FL 32773			
b Employer's FED ID number		a Employee's SSA number	
84-2450930		XXX-XX-6373	
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.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy <b style="font-size: 2em;">W-2 Wage and Tax Statement <b style="font-size: 2em;">2021 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp.		2 Federal income tax withheld	
22500.00		2137.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
d Control number		Dept.	Corp.
000026 R3/4R6			Employer use only
c Employer's name, address, and ZIP code			
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR CITY OF SANFORD, FL 32773			
b Employer's FED ID number		a Employee's SSA number	
84-2450930		XXX-XX-6373	
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
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 Reference Copy <b style="font-size: 2em;">W-2 Wage and Tax Statement <b style="font-size: 2em;">2021 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp.		2 Federal income tax withheld	
22500.00		2137.02	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
d Control number		Dept.	Corp.
000026 R3/4R6			Employer use only
c Employer's name, address, and ZIP code			
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR CITY OF SANFORD, FL 32773			
b Employer's FED ID number		a Employee's SSA number	
84-2450930		XXX-XX-6373	
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
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 Reference Copy <b style="font-size: 2em;">W-2 Wage and Tax Statement <b style="font-size: 2em;">2021 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			