2021 W-2 and EARNINGS SUMMARY

Employee Reference Vage and Tax Statement Statement Dept. Corp. Employer use only Convocation of the Corp. Corp. Employer use only Corp. In Solutions In Corp. In Corp. Employer use only Corp. In Corp.

Batch #91258

e/f Employee's name, address, and ZIP code
ANIL KUMAR MOGULLAPALLI
12481 SHADY BRIDGE TRL
JACKSONVILLE, FL 32258

	b	Emplo	yer's FED ID numb 84-2450930	er	а	Empl			A number (-6373
	1	Wages	s, tips, other comp		2	Feder	al	income	tax withheld
			22500.0	00					2137.02
	3	Social	security wages		4	Socia	ıl s	security	tax withheld
	5	Medica	are wages and tips	3	6	Medic	ar	e tax wi	thheld
	7	Social	security tips		8	Alloca	ate	d tips	
	9				10	Depen	de	nt care	benefits
	11	Nonqu	lified plans		12a See instructions for box 12				
	14	14 Other)	<u>_</u>		
		Othioi			120		<u> </u>		
					120		ᆫ		
					13	Stat ei	np	Ret. plan	3rd party sick pa
	15	State	Employer's state	ID no.	16	State	Wa	ages, tip	s, etc.
	17	17 State income tax			18 Local wages, tips, etc.				
	19	19 Local income tax			20 Locality name				

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

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 Wages Wages Wages Box 1 of W-2 Box 3 of W-2 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.

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. 000026 R3/4R6	Corp. Employer use only				
c Employer's name, address, a	and ZIP code				
TECHZION IT S	OLUTIONS				
1530 TROPIC P CITY OF SANFO					
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				
e/f Employee's name, address ar	nd ZIP code				
ANIL KUMAR MOGUL	LAPALLI				
12481 SHADY BRIDG	E TRL				
JACKSONVILLE, FL	32258				
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 Fi Wage a					

Statement

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 22500.00	2 Federal income tax withheld 2137.02							
3 Social security wages	4 Social security tax withheld							
5 Medicare wages and tips	6 Medicare tax withheld							
d Control number Dept. 000026 R3/4R6	Corp. Employer use only							
c Employer's name, address, ar	nd ZIP code							
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR								
CITY OF SANFORD, FL 32773								
b Employer's FED ID number 84-2450930	a Employee's SSA number 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							
e/f Employee's name, address ar	nd ZIP code							
ANIL KUMAR MOGULLAPALLI 12481 SHADY BRIDGE TRL JACKSONVILLE, FL 32258								
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 Wage an Statemer Copy 2 to be filed with employee's State	nd Tax 2021							

1 Wages, tips, other comp. 22500.00	2 Federal income tax withheld 2137.02				
3 Social security wages	4 Social security tax withheld				
5 Medicare wages and tips	6 Medicare tax withheld				
d Control number Dept. 000026 R3/4R6 c Employer's name, address, a	Corp. Employer use only				
TECHZION IT SOLUTIONS INC 1530 TROPIC PARK DR CITY OF SANFORD, FL 32773					
b Employer's FED ID number 84-2450930 7 Social security tips	a Employee's SSA number XXX-XX-6373 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 pa				
e/f Employee's name, address and ZIP code ANIL KUMAR MOGULLAPALLI 12481 SHADY BRIDGE TRL JACKSONVILLE, FL 32258					
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				

or Local Reference

Wage and Tax

Statement

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

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