2021 W-2 and EARNINGS SUMMARY



Employee	Ref	erence	Сору			
W-2 Wage and Tax 2021 Statement OMB No. 1545-0008						
d Control number	Dept.	Corp.	Employer use only			
000509 RU/NJA			Α			
Employer's name, a	iddress, a	nd ZIP cod	e DIGIN			

9335 HARRIS CORNERS STE 240 CHARLOTTE, NC 28269

Batch #91225

e/f Employee's name, address, and ZIP code

RAMYASRISAI KONASANI 730 MINGLEWOOD DRIVE UNIT 1240 CHARLOTTE, NC 28262

b	Emplo	yer's FED II 81-3518		а	Emple		e's SSA		
1	Wages	s, tips, other	r comp.	2	Feder	al	income	tax w	ithheld
		9	940.00					12	69.70
3	Social	security wa	ages	4	Socia	ls	security	ax w	ithheld
5	Medica	are wages a	ınd tips	6	Medic	are	e tax wit	hhelo	I
7	Social	security tip	s	8	Alloca	ate	d tips		
9				10	Depen	de	nt care	benef	its
11	Nonqu	alified plans	· [str	uctionsfo	r box '	12
14	Other			12		_			
١	•		-	120		<u></u>			
				120		_			
				13	Stat er	np.	Ret. plan	3rd pa	rty sick pa
			state ID no. 3806F001	16	State	wa	ages, tip		40.00
17	State	income tax	466.91	18	Local	W	ages, tip	s, etc).
19	Local	income tax	•	20	Local	ity	name		

Wages, tips, other comp 9940.00 1269.70 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000509 RU/NJA Employer's name, address, and ZIP code

XTRACIT INC

9335 HARRIS STE 240 CORNERS CHARLOTTE, NC 28269

b	Employer's FED ID number 81-3518806	a Employee's SSA number XXX-XX-7594				
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 an	d ZIP code				

RAMYASRISAI KONASANI 730 MINGLEWOOD DRIVE UNIT 1240 CHARLOTTE, NC 28262

15 V	State /A	Employer's state ID no. 30813518806F001	16 State wages, tips	, etc. 9940.00
17	State		18 Local wages, tips	s, etc.
		466.91		
19	Local	income tax	20 Locality name	
		Federal Fili	ng Copy	

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

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.

9,940.00

VA. State Wages, Wages, Tips, other Social Security Medicare Wages Wages Box 5 of W-2 Box 16 of W-2 Box 1 of W-2 Box 3 of W-2 9,940.00 9,940.00 9,940.00 9,940.00

0.00

0.00

9,940.00

2. Employee Name and Address.

RAMYASRISAI KONASANI 730 MINGLEWOOD DRIVE UNIT 1240 CHARLOTTE, NC 28262

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Gross Pay

Reported W-2 Wages

1	Wages, tips, other comp. 9940.00	2 Federal income tax withheld 1269.70					
3	Social security wages	4 Social security tax withheld					
5	Medicare wages and tips	6 Medicare tax withheld					
d	Control number Dept.	Corp. Employer use only					
00	0509 RU/NJA	A					
c Employer's name, address, and ZIP code XTRACIT INC 9335 HARRIS CORNERS PKW STE 240 CHARLOTTE, NC 28269							
b 7	Employer's FED ID number 81-3518806 Social security tips	a Employee's SSA number XXX-XX-7594 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 and ZIP code RAMYASRISAI KONASANI 730 MINGLEWOOD DRIVE UNIT 1240 CHARLOTTE, NC 28262							
	State Employer's state ID no. 30813518806F001						
	State income tax 466.91	18 Local wages, tips, etc.					
19	Local income tax	20 Locality name					
Cop	VA.State Re Vage ar Statemer by 2 to be filed with employee's State	nd Tax 2021					

Wages, tips, other comp. 9940.00			2 Federal income tax withheld 1269.70				
3 Social security wages			4 Social security tax withheld				
5 Medicare wages and tips			6 Medicare tax withheld				
d	Control number	Dept.	C	corp.	Emplo	yer use only	
00	0509 RU/NJA		A				
XTRACIT INC 9335 HARRIS CORNERS PKW STE 240 CHARLOTTE, NC 28269							
b 7	Employer's FED ID 81-351880 Social security tips			· χ		number (-7594	
9			10 D	epende	ent care	benefits	
11	Nonqualified plans		12a				
14	Other		12b				
			12c				
			12d				
			13 S	tat emp	.Ret. plan	3rd party sick pay	
e/f	e/f Employee's name, address and ZIP code						
73	RAMYASRISAI KONASANI 730 MINGLEWOOD DRIVE UNIT 1240 CHARLOTTE, NC 28262						

15 State VA | Employer's state ID no. 16 State wages, tips, etc. 9940.00

VA.State Filing Copy Wage and Tax

Statement

466.91

Copy 2 to be filed with employee's State Income Tax Return.

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax