



W-2 Wage and Tax Statement **2021**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000509 Dept. RU/NJA Corp. Employer use only **A**

c Employer's name, address, and ZIP code
XTRACIT INC
9335 HARRIS CORNERS PKW
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 Employer's FED ID number **81-3518806** **a** Employee's SSA number **XXX-XX-7594**

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

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 **VA** Employer's state ID no. **30813518806F001** **16** State wages, tips, etc. **9940.00**

17 State income tax **466.91** **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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	9,940.00	9,940.00	9,940.00	9,940.00
Reported W-2 Wages	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

© 2021 ADP, Inc.

W-2 Wage and Tax Statement **2021**
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

d Control number 000509 Dept. RU/NJA Corp. Employer use only **A**

c Employer's name, address, and ZIP code
XTRACIT INC
9335 HARRIS CORNERS PKW
STE 240
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 and ZIP code
RAMYASRISAI KONASANI
730 MINGLEWOOD DRIVE UNIT 1240
CHARLOTTE, NC 28262

15 State **VA** Employer's state ID no. **30813518806F001** **16** State wages, tips, etc. **9940.00**

17 State income tax **466.91** **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

Federal Filing Copy **W-2** Wage and Tax Statement **2021**

W-2 Wage and Tax Statement **2021**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

d Control number 000509 Dept. RU/NJA Corp. Employer use only **A**

c Employer's name, address, and ZIP code
XTRACIT INC
9335 HARRIS CORNERS PKW
STE 240
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**

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

15 State **VA** Employer's state ID no. **30813518806F001** **16** State wages, tips, etc. **9940.00**

17 State income tax **466.91** **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

VA. State Reference Copy **W-2** Wage and Tax Statement **2021**

W-2 Wage and Tax Statement **2021**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

d Control number 000509 Dept. RU/NJA Corp. Employer use only **A**

c Employer's name, address, and ZIP code
XTRACIT INC
9335 HARRIS CORNERS PKW
STE 240
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**

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

15 State **VA** Employer's state ID no. **30813518806F001** **16** State wages, tips, etc. **9940.00**

17 State income tax **466.91** **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

VA. State Filing Copy **W-2** Wage and Tax Statement **2021**