2021 W-2 and EARNINGS SUMMARY



Wage and Tax Statement

W-2	2021 CMB No. 1545-0008		
Copy C for employee's reco	ords.		OMB No. 1545-0008
d Control number	Dept.	Corp.	Employer use only

105931 LONG/SZ6 Employer's name, address, and ZIP code

SRIVEN SYSTEMS INC 2300 DEAN WAY #110 SOUTHLAKE TX 76092

Batch #00667

e/f Employee's name, address, and ZIP code ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

19 Local income tax

Wages, tips, other comp

Social security wages 101460.00

94800.00

b	Employer's FED ID number 13-4093217	a Employee's SSA number XXX - XX - 6858						
1	Wages, tips, other comp.	2 Federal income tax withheld						
	94800.00	8482.08						
3	Social security wages	4 Social security tax withheld						
	101460.00	6290.52						
5	Medicare wages and tips 101460.00	6 Medicare tax withheld 1471.17						
7								
′	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12						
		DI 6660.00						
14 Other		12b						
		12c						
		12d						
		13 Stat emp. Ret. plan 3rd party sick p						
	State Employer's state ID no	. 16 State wages, tips, etc.						
17	State income tax	18 Local wages, tips, etc.						

20 Locality name

Federal income tax withheld

Social security tax withheld 6290.52

8482.08

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.

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	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	101,460.00	101,460.00	101,460.00	
Less 401(k) (D-Box 12)	6,660.00	N/A	N/A	
Reported W-2 Wages	94,800.00	101,460.00	101,460.00	

2. Employee Name and Address.

ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019

© 2021 ADP. Inc.

5 Medicare wages and tips 101460.		are tax withheld 1471.17	5 Medicare wages and ti 101460				
d Control number De	ept. Corp.	Employer use only	d Control number				
105931 LONG/SZ6		A 29	105931 LONG/SZ6				
c Employer's name, addre SRIVEN SYS 2300 DEAN SOUTHLAKE	TEMS INC		c Employer's name, a SRIVEN S 2300 DEA SOUTHLA	Y			
b Employer's FED ID numb 13-4093217	er a Emplo	oyee's SSA number XXX - XX - 6858	b Employer's FED ID 13-409321				
7 Social security tips	8 Alloca		7 Social security tips	_			
9	10 Depen	dent care benefits	9				
11 Nonqualified plans	12a See i	nstructions for box 12 6660.00	11 Nonqualified plans				
14 Other	12b		14 Other				
	12c						
	12d						
	13 Stat em	p. Ret. plan 3rd party sick pay					
e/f Employee's name, addre	ss and ZIP cod		e/f Employee's name, a	dd			
ARCHANA GOVIN 727 CAMERON C COPPELL TX 750	T		ARCHANA GOV 727 CAMERON COPPELL TX 7	(
15 State Employer's state TX	15 State Employer's st	ate					
17 State income tax	18 Local	wages, tips, etc.	17 State income tax				
19 Local income tax	20 Locali	ity name	19 Local income tax				
W-2 Wag	Filing C e and Ta tement 's Federal Incom	× 2021	W-2 W St	a			

	<i>5</i> −F	old and De	tach Here	-							
1 W	Wages, tips, other comp. 94800.00		2 Federal income tax withheld 8482.08		1	1 Wages, tips, other comp. 94800.00			2 Federal income tax withheld 8482.08		
3 Sc	3 Social security wages 101460.00		4 Social security tax withheld 6290.52		3	Social security wages 101460.00			4	Social security tax withheld 6290.52	
5 M	Medicare wages and tips 101460.00		6 Medicare tax withheld 1471.17		5	5 Medicare wages and tips 101460.00		6 Medicare tax withheld 1471.17			
d Co	ntrol number	Dept.	Corp.	Employer use only	d	Contr	ol number	Dept.		Corp.	Employer use only
1059	31 LONG/SZ6			A 29	105	5931	LONG/SZ6				A 29
c En	nployer's name, add	ress, and	ZIP cod	e	С	Emplo	oyer's name, a	ddress, ar	nd	ZIP cod	e
	SRIVEN SY 2300 DEAN SOUTHLAK	WAY	#110)		2	SRIVEN S 2300 DEA SOUTHLA	N WA	Υ	#110)
b Er	nployer's FED ID nu 13-4093217	mber a	a Employee's SSA number XXX-XX-6858		b	b Employer's FED ID number 13-4093217			a Employee's SSA number XXX - XX - 6858		
7 Sc	ocial security tips	8	8 Allocated tips		7	7 Social security tips			8 Allocated tips		
9		1	10 Dependent care benefits		9	9			10 Dependent care benefits		
11 No	onqualified plans		2a D	6660.00	11	Nonq	ualified plans		12	a D	6660.00
14 0	ther	1	2b		14	14 Other			12	b	
		1	12c 12d						12	c	
		1			1			12	d		
		1	13 Stat emp. Ret. plan 3rd party sick pay		у				13 Stat emp. Ret. plan 3rd party sick pay		
e/f Er	mployee's name, add	ress and	ZIP cod	e	e/f	Emple	oyee's name, a	ddress ar	nd :	ZIP cod	
ARC	HANA GOVI	NDA			AF	RCH	ANA GOV	/INDA			
727	CAMERON (CT			72	7 C	AMERON	CT			
COF	PPELL TX 75	019			1 11		ELL TX 7				
15 St TX	ate Employer's state	e ID no. 1	6 State v	vages, tips, etc.	15 T		Employer's st	tate ID no.	16	State v	vages, tips, etc.
17 St	ate income tax	1	8 Local	wages, tips, etc.	17	State	income tax		18	Local	wages, tips, etc.
19 Lo	ocal income tax	2	20 Locali	ty name	<u>G</u> 19	Local	income tax		20 Locality name		
	TX Stat	e Ref	eren	ce Conv			TX St	ato Fil	ir	a Co	nnv