



Employee Reference Copy
W-2 Wage and Tax Statement 2021
 OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
105931 LONG/SZ6			A 29

r 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

b Employer's FED ID number	a Employee's SSA number
13-4093217	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	6 Medicare tax withheld
101460.00	1471.17
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 6660.00
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X
15 State TX	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	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.

Fold and Detach Here

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	6 Medicare tax withheld		
101460.00	1471.17		
d Control number	Dept.	Corp.	Employer use only
105931 LONG/SZ6			A 29
c Employer's name, address, and ZIP code SRIVEN SYSTEMS INC 2300 DEAN WAY #110 SOUTHLAKE TX 76092			
b Employer's FED ID number	a Employee's SSA number		
13-4093217	XXX-XX-6858		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 6660.00		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019			
15 State TX	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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	6 Medicare tax withheld		
101460.00	1471.17		
d Control number	Dept.	Corp.	Employer use only
105931 LONG/SZ6			A 29
c Employer's name, address, and ZIP code SRIVEN SYSTEMS INC 2300 DEAN WAY #110 SOUTHLAKE TX 76092			
b Employer's FED ID number	a Employee's SSA number		
13-4093217	XXX-XX-6858		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 6660.00		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019			
15 State TX	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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	6 Medicare tax withheld		
101460.00	1471.17		
d Control number	Dept.	Corp.	Employer use only
105931 LONG/SZ6			A 29
c Employer's name, address, and ZIP code SRIVEN SYSTEMS INC 2300 DEAN WAY #110 SOUTHLAKE TX 76092			
b Employer's FED ID number	a Employee's SSA number		
13-4093217	XXX-XX-6858		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 6660.00		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code ARCHANA GOVINDA 727 CAMERON CT COPPELL TX 75019			
15 State TX	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

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

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