2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

d Control number Employer use only K7/E67 Employer's name, address, and ZIP code

VIRTUAL NETWORX INC 2010 VALLEY VIEW LN STE 310 DALLAS, TX 75234

Batch #91490

e/f Employee's name, address, and ZIP code KALYANSHANKAR KUMMARI 5523 W GARY DR CHANDLER, AZ 85226

| b | Emplo | yer's FED 81-1590 | ID number 1223 | а | Emp | | ee's SS/ | | |
|------------------------------------|----------------------|-----------------------|-----------------------------------|---------|--------|------------|-----------|--------|------------------|
| 1 | Wages | , tips, oth | | 2 | Fede | | income | | |
| | | 2 | 8896.00 | | | | | 40 | 19.64 |
| 3 | Social | security v | vages 28896.00 | 4 | Soci | al s | security | | ithheld 91.55 |
| 5 Medicare wages and tips 28896.00 | | | 6 Medicare tax withheld 418.99 | | | | | | |
| 7 | Social | security t | ips | 8 | Alloc | ate | d tips | | |
| 9 | | | | 10 | Depe | nde | nt care | bene | fits |
| 11 | 1 Nonqualified plans | | 12 | a See i | nsti | ructionsfo | r box | 12 | |
| | Other | | | 12 | b | Т | | | |
| 14 | Other | | | 12 | С | Т | | | |
| | | | | 12 | d | 1 | | | |
| | | | | 13 | Stat e | mp | Ret. plan | 3rd pa | arty sick pay |
| | | Employer's 81-1590 | s state ID no | 16 | State | wa | ages, tip | | :. 96.00 |
| 17 | State i | ncome tax | 780.20 | 18 | Loca | l w | ages, tip | s, et | c. |
| 19 Local income tax | | | 20 | Loca | lity | name | | | |

| 1 | Wages, tips, other comp. 28896.00 | | | 2 Federal income tax withheld 4019.64 | | | | |
|----------------------------------|--|--------------------------------|--|---------------------------------------|----------|--|--|--|
| 3 Social security wages 28896.00 | | | 4 Social security tax withheld 1791.55 | | | | | |
| 5 | Medicare wages and 288 | 6 Medicare tax withheld 418.99 | | | | | | |
| d | Control number | Dept. | Corp. | Employer | use only | | | |
| 0.0 | 00120 K7/E67 | | | Α | 17 | | | |
| _ | C Employer's name address and 7ID code | | | | | | | |

VIRTUAL NETWORX INC 2010 VALLEY VIEW LN STE 310 DALLAS, TX 75234

| b | Employer's FED ID number 81-1590223 | a Employee's SSA number XXX-XX-3282 | | | | |
|-----|-------------------------------------|--|--|--|--|--|
| 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 | | | | |

KALYANSHANKAR KUMMARI 5523 W GARY DR

CHANDLER, AZ 85226

| 15 | State AZ | Employer's state ID no. 81-1590223 | 16 State wages, tips, etc. 28896.00 |
|----|-------------|------------------------------------|-------------------------------------|
| 17 | 7 State | income tax 780.20 | 18 Local wages, tips, etc. |
| 19 | Local | income tax | 20 Locality name |
| | | Federal Fili | ng Cony |

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.

Wages, Tips, other Social Security Medicare AZ. State Wages, Compensation Wages Wages Box 5 of W-2 Box 16 of W-2 Box 3 of W-2 Box 1 of W-2

Gross Pay 28,896.00 28,896.00 28,896.00 28,896.00 Reported W-2 Wages 28,896.00 28,896.00 28,896.00 28,896.00

2. Employee Name and Address.

KALYANSHANKAR KUMMARI 5523 W GARY DR CHANDLER, AZ 85226

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| 1 Wages, tips, other comp. 28896.00 | | | 2 Federal income tax withheld 4019.64 | | | | |
|--|-----------|--------|--|-------|----------|----------|--|
| 3 Social security wages 28896.00 | | | 4 Social security tax withheld 1791.55 | | | | |
| 5 Medicare wages and tips 28896.00 | | | 6 Medicare tax withheld 418.99 | | | | |
| d | Control n | umber | Dept. | Corp. | Employer | use only | |
| 00 | 0120 | K7/E67 | | | Α | 17 | |
| c Employer's name, address, and ZIP code | | | | | | | |

VIRTUAL NETWORX INC 2010 VALLEY VIEW LN STE 310 DALLAS, TX 75234

| b | Employer's FED ID number 81-1590223 | a Employee's SSA number XXX-XX-3282 | | | | |
|----|-------------------------------------|---|--|--|--|--|
| 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

KALYANSHANKAR 5523 W GARY DR CHANDLER, AZ 85226

| 1 | ٩Z | Employer's 81-15902 | | ID no |). 16 | State | wages, | tips, etc. 28896.00 |
|--------|-------|------------------------|--|-------|--------------|-------|---------|------------------------|
| 17 | State | income tax | | | 18 | Local | wages, | tips, etc. |
| 780.20 | | | | | | | | |
| 19 | Local | income tax | | | 20 | Local | ity nam | e |

AZ.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

| 1 | Wages, tips, other comp. | | | | 2 Federal income tax withheld 4019.64 | | | | |
|----|----------------------------------|--------|-------|---|--|----------|-----|------|--|
| 3 | Social security wages 28896.00 | | | | 4 Social security tax withheld 1791.55 | | | | |
| 5 | Medicare wages and tips 28896.00 | | | 6 | 6 Medicare tax withheld 418.99 | | | | |
| d | Control | number | Dept. | | Corp. | Employer | use | only | |
| 00 | 0120 | K7/E67 | | | | Α | | 17 | |
| | | | | | | | | | |

c Employer's name, address, and ZIP code VIRTUAL NETWORX INC

2010 VALLEY VIEW LN STE 310 DALLAS, TX 75234

| b | Employer's FED ID number | a Employee's SSA number | | | | |
|----|--------------------------|---|--|--|--|--|
| | 81-1590223 | XXX-XX-3282 | | | | |
| 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

KALYANSHANKAR KUMMARI 5523 W GARY DR CHANDLER, AZ 85226

| 15 State AZ | Employer's state ID no. 81-1590223 | 16 | State | wages, tips, etc. 28896.00 |
|----------------|------------------------------------|----|-------|-------------------------------|
| 17 State | income tax | 18 | Local | wages, tips, etc. |
| | 780.20 | | | |
| 19 Local | income tax | 20 | Local | ity name |
| | | l | | |

AZ.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.