



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

Copy C for employee's records.

d Control number 000213	Dept. R1/6SR	Corp.	Employer use only A	27
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c Employer's name, address, and ZIP code
ANIRA SOLUTIONS INC
44365 PREMIER PLAZA STE 110
ASHBURN, VA 20147

Batch #93350

e/f Employee's name, address, and ZIP code
RAMCHARAN RAMISETTY
2901 N DALE MABRY HWY
APT 1714
TAMPA, FL 33607

b Employer's FED ID number 36-4522605	a Employee's SSA number XXX-XX-4532
1 Wages, tips, other comp. 46856.00	2 Federal income tax withheld 8936.44
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 8650.00 PDIEM	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	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
Gross Pay	46,856.00	46,856.00	46,856.00
Reported W-2 Wages	46,856.00	0.00	0.00

2. Employee Name and Address.

RAMCHARAN RAMISETTY
2901 N DALE MABRY HWY
APT 1714
TAMPA, FL 33607

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1 Wages, tips, other comp. 46856.00	2 Federal income tax withheld 8936.44			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000213	Dept. R1/6SR	Corp.	Employer use only A	27
c Employer's name, address, and ZIP code ANIRA SOLUTIONS INC 44365 PREMIER PLAZA STE 110 ASHBURN, VA 20147				
b Employer's FED ID number 36-4522605	a Employee's SSA number XXX-XX-4532			
7 Social security tips	8 Allocated tips			
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11 Nonqualified plans	12a See instructions for box 12			
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	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code RAMCHARAN RAMISETTY 2901 N DALE MABRY HWY APT 1714 TAMPA, FL 33607				
15 State Employer's state ID no.	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.

1 Wages, tips, other comp. 46856.00	2 Federal income tax withheld 8936.44			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000213	Dept. R1/6SR	Corp.	Employer use only A	27
c Employer's name, address, and ZIP code ANIRA SOLUTIONS INC 44365 PREMIER PLAZA STE 110 ASHBURN, VA 20147				
b Employer's FED ID number 36-4522605	a Employee's SSA number XXX-XX-4532			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other 8650.00 PDIEM	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code RAMCHARAN RAMISETTY 2901 N DALE MABRY HWY APT 1714 TAMPA, FL 33607				
15 State Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

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.

1 Wages, tips, other comp. 46856.00	2 Federal income tax withheld 8936.44			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number 000213	Dept. R1/6SR	Corp.	Employer use only A	27
c Employer's name, address, and ZIP code ANIRA SOLUTIONS INC 44365 PREMIER PLAZA STE 110 ASHBURN, VA 20147				
b Employer's FED ID number 36-4522605	a Employee's SSA number XXX-XX-4532			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other 8650.00 PDIEM	12b			
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	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code RAMCHARAN RAMISETTY 2901 N DALE MABRY HWY APT 1714 TAMPA, FL 33607				
15 State Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

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