2021 W-2 and EARNINGS SUMMARY

Copy	V-2 W	lage a State	nd T	ах	20 OMB No	21	
	ontrol number	Dept.	Corp	- 1	Employer	use only	
	008416 U8F		YBND		S	5784	
5	Employer's name, GAINWELL TE G16 HIGH PC RVING, TX	CHNOL	OGIE		_C		
A 6: IF	mployee's name, a HMED PASH, 235 LOVE DF RVING, TX	A MOH R, APT 75039	AMMA #115	.D			
	mployer's FED ID 1 27 - 151017	77	a Employee's SSA number XXX-XX-3373				
1 V	Vages, tips, other o	omp. 57.59	2 Federal income tax withheld 839.96				
3 s	ocial security wag		4 Social security tax withheld 356.97				
5 M	ledicare wages and		6 Medicare tax withheld 83.49				
7 S	ocial security tips	71.00	8 Allocated tips				
9			To di Anne		nt care be		
11 N	onqualified plans		12a See instructions for box 12			x 12	
14 0	ther		12b 12c 12d	 	at ulaubud	party sick pay	
15 S	State Employer's s	tate ID no			21 71 27	ad Philade	
17 S	tate income tax	1. A.	18 Local wages, tips, etc.				
	19 Local income tax			20 Locality name			

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

AHMED PASHA MOHAMMAD 6235 LOVE DR, APT #115 IRVING, TX 75039

Social Security Number: XXX-XX-3373





PAGE 01 OF 01

1	Wages, tips, other comp. 5757.59		2 Federal income tax withheld 839.96			
3	Social security wages 5757.59		4 Social security tax withheld 356.97			
5		dicare wages and tips 5757.59		6 Medicare tax withheld 83.49		
d Control number Dept. 0000008416 USF		Corp. YBND	Employer use only 5784			
c	Employer's name, a	ddress,	and ZIP cod	le		
	IRVING, TX	10000				
b			a Employ	/ee's SSA number		
Ĩ.,	Employer's FED ID to 27-151017		La Berry	XXX-XX-3373		
b 7			a Employ	XXX-XX-3373		
7	Employer's FED ID to 27-151017		8 Allocat	XXX-XX-3373		
7	Employer's FED ID to 27-151017		8 Allocat	XXX-XX-3373 red tips		
9	Employer's FED ID I 27-151017 Social security tips		8 Allocat	XXX-XX-3373 ed tips dent care benefits		
7 9 11	Employer's FED ID I 27 - 151017 Social security tips Nonqualified plans		8 Allocat 10 Depending 12a See in	XXX-XX-3373 ed tips dent care benefits		
7 9 11	Employer's FED ID I 27 - 151017 Social security tips Nonqualified plans		8 Allocat 10 Depending 12a See in 12b	ed tips		

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15 17

19 Local income tax

Employer's name, address, GAINWELL TECHNO 5616 HIGH POINT D IRVING, TX 75038	C	GAIN 5616 IRVIN	
Employer's FED ID number 27-1510177	b	Employ	
Social security tips	8 Allocated tips	7	Social
	10 Dependent care benefits	9	
Nonqualified plans	12a See instructions for box 12	11	Nonqu
Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay		Other
Employee's name, address a AHMED PASHA MOH 6235 LOVE DR, APT IRVING, TX 75039	IAMMAD	e/f	AHMI 6235 IRVIN
State Employer's state ID no	o. 16 State wages, tips, etc.	T	State I
State income tax 18 Local wages, tips, etc.			State in

20 Locality name

Federal Filing Copy

Copy B to be filed with employee's Federal Income Tax Return.

Wage and Tax

Statement

1 Wages, tips, other comp. 5757.59	2 Federal income tax withheld 839.96	1 Wages, tips, other	
3 Social security wages 5757.59	4 Social security tax withheld 356.97	3 Social security w	
5 Medicare wages and tips 5757.59	6 Medicare tax withheld 83.49	5 Medicare wages 5	
d Control number Dept. 0000008416 U8F	Corp. Employer use only YBND 5784	d Control number 0000008416 U8F	
c Employer's name, address, GAINWELL TECHNO 5616 HIGH POINT D IRVING, TX 75038	LOGIES LLC	GAINWELL T 5616 HIGH P IRVING, TX	
b Employer's FED ID number 27-1510177	a Employee's SSA number XXX-XX-3373	b Employer's FED 27-1510	
7 Social security tips	8 Allocated tips	7 Social security ti	
9	10 Dependent care benefits	9	
11 Nonqualified plans	12a	11 Nonqualified plan	
14 Other	12b	14 Other	
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
e/f Employee's name, address	and ZIP code	e/f Employee's name	
AHMED PASHA MO 6235 LOVE DR, AP IRVING, TX 75039	HAMMAD	AHMED PASH 6235 LOVE D IRVING, TX	
15 State Employer's state ID n	o. 16 State wages, tips, etc.	15 State Employer's	
17 State income tax	18 Local wages, tips, etc.	17 State income tax	
19 Local income tax	20 Locality name	19 Local income tax	

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3 Social security wag 575	es 7.59	4 Social security tax		tax withh		
5 Medicare wages an 575	d tips 57.59	6 Medicare tax withheld 83.				
d Control number 0000008416 U8F	Corp. Employer us					
c Employer's name, a GAINWELL TEC 5616 HIGH POI IRVING, TX 7	CHNOL	OGIES I				
b Employer's FED ID 27-151017		a Employ	ree's SS	A number		
7 Social security tips			8 Allocated tips			
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14 Other		12b	3/13			
		12c				
) 91 - 701		12d		to the same of		
		13 Stat emp	. Ret. plan	3rd party		
eff Employee's name, a AHMED PASHA 6235 LOVE DR IRVING, TX 7	MOH , APT	AMMAD		The second secon		
15 State Employer's s	tate ID no	o. 16 State w	ages, tip	os, etc.		
17 State income tax		18 Local	vages, ti	ps, etc.		

State Filing Copy Wage and Tax Statement

City or Local Filing Copy Wage and Tax Statement

20 Locality name