2021 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy

Copy C for employee's records.

d Control number Dept. 000754 SANF/W49 000060

Employer use only

Employer's name, address, and ZIP code

CLARI INC 1154 SONORA CT SUNNYVALE CA 94086

Batch #02202

e/f Employee's name, address, and ZIP code

KALYAN INTURI 8401 ROSEBAY LN APT#207

M		SAS)						
b	Emplo	yer's FED	ID nu	mber	а	Emplo	ye	e's SSA	num	ber	
		46-115	5069)			X	XX-XX	-529	9	
1	Wages	s, tips, otl	ner cor	np.	2	Federa	al	income	tax w	ithheld	
			64203	3.12					89	81.0	1
3	Social	security	wages		4	Social	S	ecurity	ax wi	thheld	
			68603	3.14					42	53.3	9
5	Medica	are wages	and t	ips	6	Medica	are	tax wit	hheld		
			68603	3.14					9	94.7	5
7	Social	security	tips		8	Alloca	tec	d tips			
9					10 I	Depend	der	nt care			_
										90.0	0
11	Nonqu	alified pla	ins		12a	See in	strı	uctionsfo	r box 1	2	
						C !				.61	
14	Other				12b				<u> 1400</u>	.02	
l · ·	•					DD			<u>7338</u>	3.84	
					12d		_				
					13	Stat em	ηp.	Ret. plan X	3rd pa	rty sick	pay
15	State	Employer	's stat	e ID no.	16	State	wa	ges, tip	s, etc.		
7	/A	304611	5506	9F001					642	03.1	2
17	State i	ncome ta	x		18	Local	wa	ages, tip	s, etc		
			3458	3.07							
19	Local	income ta	ıx		20	Localit	ty	name			

1	Wages, tips, other comp.		2 Federal income tax withheld		
	642	03.12		8981.01	
3	Social security wages 68603.14		4 Social	security tax withheld 4253.39	
5	Medicare wages and 686	l tips 03.14	6 Medica	are tax withheld 994.75	
d	Control number	Dept.	Corp.	Employer use only	
0.0	00754 SANF/W49	000060		A	

Employer's name, address, and ZIP code

CLARI INC 1154 SONORA CT SUNNYVALE CA 94086

b	Employer's FED ID number 46-1155069	а	Emplo	yee's SS XXX-XX	A number K-5299
7	Social security tips	8	Alloca	ted tips	
9		10 I	Depen	dent care	benefits 90.00
11	Nonqualified plans	12a	See C	instruction	s for box 12 29.61
14	Other	12b	D		4400.02
		12c	DD		7338.84
		12d			
		13 S	itat em	Ret. plan	3rd party sick pay
~ /F	Employee's name address an	A 71	D 000	10	

KALYAN INTURI 8401 ROSEBAY LN APT#207 MANASSAS VA 20109

15 State	Employer's state ID no.	16 State wage	s, tips, etc.
VA	30461155069F001		64203.12
17 State	income tax	18 Local wage	es, tips, etc.
	3458.07		
19 Local	income tax	20 Locality na	ıme

Federal Filing Copy 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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	70,000.03	70,000.03	70,000.03	70,000.03
Plus GTL (C-Box 12)	29.61	29.61	29.61	29.61
Less 401(k) (D-Box 12)	4,400.02	N/A	N/A	4,400.02
Less Medical FSA	90.00	90.00	90.00	90.00
Less Dependent FSA/DCB	90.00	90.00	90.00	90.00
Less Other Cafe 125	1,246.50	1,246.50	1,246.50	1,246.50
Reported W-2 Wages	64,203.12	68,603.14	68,603.14	64,203.12

2. Employee Name and Address.

KALYAN INTURI 8401 ROSEBAY LN **APT#207** MANASSAS VA 20109

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1	Wages, tips, other of 642	2 Federal income tax withheld 8981.01			
3	Social security wages 68603.14		4 Social security tax withheld 4253.39		
5	Medicare wages and 686	6 Medica	re tax withh	eld 994.75	
d	Control number	Dept.	Corp.	Employer	use only
0.0	0754 SANF/W49	000060		A	

c Employer's name, address, and ZIP code

CLARI INC 1154 SONORA CT SUNNYVALE CA 94086

b	Employer's FED ID number 46-1155069	a I		ee's SSA	A number :-5299
7	Social security tips	8	Allocate	ed tips	
9		10	Depend	lent care	benefits 90.00
11	Nonqualified plans	12 a	C		29.61
14	Other	12b	D		4400.02
		12c	DD		7338.84
		12d	i		
		13 5	Stat emp	Ret. plan	3rd party sick pay
10				•	•

e/f Employee's name, address and ZIP code

KALYAN INTURI 8401 ROSEBAY LN APT#207 MANASSAS VA 20109

15 State	Employer's state ID no.	16	State	wages, tips, etc.
VA	30461155069F001			64203.12
17 State income tax		18	Local	wages, tips, etc.
3458.07				
19 Local	income tax	20	Locali	ity name

VA.State Reference Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.

1	1 Wages, tips, other comp.			Federa	I income tax withheld
	64203.12				8981.01
3	3 Social security wages 68603.14			Social	security tax withheld 4253.39
5	5 Medicare wages and tips 68603.14			Medica	re tax withheld 994.75
d	Control number	Dept.		Corp.	Employer use only
000754 SANF/W49 000060				A	

c Employer's name, address, and ZIP code

CLARI INC 1154 SONORA CT SUNNYVALE CA 94086

b	Employer's FED ID number 46-1155069	a Employee's SSA number XXX-XX-5299		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits 90.00		
11	Nonqualified plans	12a C 29.61		
14	Other	^{12b} D 4400.02		
		^{12c} DD 7338.84		
		12d		
		13 Stat emp. Ret. plan 3rd party sick party		

e/f Employee's name, address and ZIP code

KALYAN INTURI 8401 ROSEBAY LN APT#207 MANASSAS VA 20109

15 State VA	Employer's state ID no. 30461155069F001	16	State wages, tips, etc. 64203.12
17 State	income tax	18	Local wages, tips, etc.
	3458.07		
19 Local	income tax	20	Locality name
		l	

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