



W-2 Wage and Tax Statement
 Copy C for employee's records.
 Reference Copy 2021
 OMB No. 1545-0008

d Control number 000754 SANF/W49
 Dept. 000060
 Corp.
 Employer use only **A**

c 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
MANASSAS VA 20109

b Employer's FED ID number 46-1155069
a Employee's SSA number XXX-XX-5299

1 Wages, tips, other comp. 64203.12	2 Federal income tax withheld 8981.01
3 Social security wages 68603.14	4 Social security tax withheld 4253.39
5 Medicare wages and tips 68603.14	6 Medicare tax withheld 994.75
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits 90.00
11 Nonqualified plans	12a See instructions for box 12 C 29.61
14 Other	12b D 4400.02
	12c DD 7338.84
	12d
13 Stat emp. Ret. plan 3rd party sick pay X	
15 State VA Employer's state ID no. 30461155069F001	16 State wages, tips, etc. 64203.12
17 State income tax 3458.07	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	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.

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