2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy
Wage and Tax
Statement OMB No. 1545-0008
Copy C for employee's records.
d Control number Dept. Corp. Employer use only
A 9

C Employer's name, address, and ZIP code

TRANSCEND IT SOLUTIONS LLC 4645 AVON LN STE 260 FRISCO, TX 75033

Batch #99693

e/f Employee's name, address, and ZIP code MADHUSUDHAN R DHARMA 8 CORTONA WAY SALEM, NH 03079

b		45-556		а	Empl		ee's SS. (XX-X)		
1	Wage	s, tips, otl	ner comp.	2	Fede	ral	income	tax w	ithheld
		11	14157.89					189	59.12
3	Socia	I security	wages	4	Socia	al s	security	tax w	ithheld
		11	14157.89					70	77.79
5	Medic	are wages	and tips	6	Medic	cai	re tax wi	thhel	d
		11	14157.89					16	55.29
7	Socia	security 1	tips	8	Alloc	ate	ed tips		
9				10	Deper	nde	ent care	benef	fits
11	Nonqu	ualified pla	ıns	12		str	uctions fo		
					<u> W</u>	<u> </u>		240	0.00
14	Other			12		<u> </u>			
				12		<u> </u>			
						np.	Ret. plan	3rd pa	rty sick pay
				Ļ		_	· ·	· ·	
			r's state ID no	. 16	State	W	ages, tip		
(OH_	54-1157	788 9					615	87.37
17	State	income ta		18	Local	w	ages, tip		
			1966.33	\perp				<u>615</u>	87.37
19	Local	income ta		20	Local		name		
			923.82				woos	IEK	(

| 1 | Wages, tips, other comp. 114157.89 | 2 | Federal income tax withheld 18959.12 | 3 | Social security wages 114157.89 | 4 | Social security tax withheld 7077.79 | 5 | Medicare sand tips 114157.89 | 6 | Medicare tax withheld 1655.29 | d | Control number | Dept. | Corp. | Employer use only | Q00035 | K7/TO7 | | A | 9 | | C | Employer's name, address, and ZIP code

TRANSCEND IT SOLUTIONS LLC 4645 AVON LN STE 260 FRISCO, TX 75033

b	Employer's FED ID number 45-5564300	a Employee's SSA number XXX-XX-7732				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See i W	nstructio	ns for box 12 2400.00		
14	Other	12b				
		12c				
		12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/f	Employee's name, address ar	nd ZIP cod	le			

MADHUSUDHAN R DHARMA 8 CORTONA WAY SALEM, NH 03079

15 State OH	Employer's state ID no. 54-115788 9	16 State wages, tips, etc. 61587.37			
17 State		18 Local wages, tips, etc.			
	1966.33	61587.37			
19 Local	income tax 923.82	20 Locality name WOOSTER			
	Federal Fili	ng Copy			

W-2 Wage and Tax 2021
Statement OMB No. 1545-000
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	OH. State Wage Tips, Etc. Box 16 of W-2	s, WOOSTER Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	115,798.80	115,798.80	115,798.80	62,798.80	62,798.80
Less Other Cafe 125 Reported W-2 Wages	1,640.91 114,157.89	1,640.91 114,157.89	1,640.91 114,157.89	1,211.43 61,587.37	1,211.43 61,587.37

2. Employee Name and Address.

MADHUSUDHAN R DHARMA 8 CORTONA WAY SALEM, NH 03079

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1 Wages, tips, other comp. 114157.89			2 Federa	al income tax v	vithheld 159.12
3 Social security wages 114157.89			4 Social	security tax v	vithheld 177.79
5 Medicare wages and tips 114157.89			6 Medica	are tax withhe	ld 55.29
d	d Control number Dept.		Corp.	Employer u	se only
00	0035 K7/TO7			Α	9
c Employer's name, address, and ZIP code					

TRANSCEND IT SOLUTIONS LLC 4645 AVON LN STE 260 FRISCO, TX 75033

b	Employer's FED ID number 45-5564300	a Employee's SSA number XXX-XX-7732				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a W	1		2400.00	
14	Other	12b	ı			
		12c	_			
		12d				
		13 Stat en	np.	Ret. plan	3rd party sick pay	
		<u> </u>	÷			

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

MADHUSUDHAN R DHARMA 8 CORTONA WAY SALEM, NH 03079

15 State Employer's state ID no.	16 State wages, tips, etc.
OH 54-115788 9	61587.37
17 State income tax	18 Local wages, tips, etc.
1966.33	61587.37
19 Local income tax	20 Locality name
923.82	WOOSTER
OH State Fili	ng Copy

W-2 Wage and Tax 2021
Statement OMB No. 1545-0
Copy 2 to be filed with employee's State Income Tax Return.

1	1 Wages, tips, other comp. 114157.89			2 Federal income tax withheld 18959.12			
3	3 Social security wages 114157.89			Social	security tax w	ithheld 77.79	
5	5 Medicare wages and tips 114157.89			Medica	re tax withhel	d 55.29	
d	Control number	Dept.		Corp.	Employer u	ise only	
00	0035 K7/TO7				Α	9	
_	c Employer's name address and ZID code						

TRANSCEND IT SOLUTIONS LLC 4645 AVON LN STE 260 FRISCO, TX 75033

b	Employer's FED ID number 45-5564300	a Employee's SSA number XXX-XX-7732				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a W	2400.00			
14	Other	12b	Ī			
		12c	ı			
		12d				
			mp. Ret. plan 3rd party sick pay			

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

MADHUSUDHAN R DHARMA 8 CORTONA WAY SALEM, NH 03079

15 State	Emplo	yer's	state ID no	. 16	State	wages, tips, etc.
	54-11		8 9			61587.37
17 State	income	e tax		18	Loca	l wages, tips, etc.
		1	966.33			61587.37
19 Loca	l incom	e tax		20	Loca	lity name
			923.82			WOOSTER
	City	or	Local	Fili	ina	Copy

V-2 Wage and Tax 202

Statement
Copy 2 to be filed with employee's City or Local Income Tax Return.