2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Corp. Employer use only 000131 ATLA/85Y

Employer's name, address, and ZIP code

SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205

Batch #04477

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

RUPINI MUPPIDI 80 NORTHEAST 14TH AVENUE **APT 436**

PORTLAND OR 97232

	LAND ON 3123	=		
b Emp	loyer's FED ID number	a Employee's SSA number		
	84-1764320	XXX-XX-6166		
1 Wag	es, tips, other comp.	2 Federal income tax withheld		
	15168.00	2168.24		
3 Soc	al security wages	4 Social security tax withheld		
	15168.00	940.42		
5 Med	icare wages and tips	6 Medicare tax withheld		
	15168.00	219.94		
7 Soc	al security tips	8 Allocated tips		
9		10 Dependent care benefits		
11 Nonqualified plans		12a See instructions for box 12		
14 Oth		12b		
14 Oth	•	12c		
	15.16 ORSTT W/H	12d		
		13 Stat emp. Ret. plan 3rd party sick pay		
15 Sta	e Employer's state ID no	. 16 State wages, tips, etc.		
OR 01784662-7		15168.00		
17 State income tax		18 Local wages, tips, etc.		
	1213.44			
19 Local income tax		20 Locality name		

Wages, tips, other comp. Federal income tax withheld 15168.00 Social security wages Social security tax withheld 15168.00 940.42 Medicare tax withheld Medicare wages and tips 15168.00 219.94 Control number Employer use only 000131 ATLA/85Y

Employer's name, address, and ZIP code

SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205

b Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-6166				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
14 Other	12b				
15.16 ORSTT W/H	12c				
	12d				
	13 Stat emp Ret. plan 3rd party sick pay				
e/f Employee's name, address a	and ZIP code				

RUPINI MUPPIDI 80 NORTHEAST 14TH AVENUE **APT 436** PORTLAND OR 97232

15 State Employer's state ID no. 16 State wages, tips, etc. OR 01784662-7

15168.00 17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name 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 Social Security Medicare OR. State Wages, Compensation Wages Tips, Etc. Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2 15,168.00 15,168.00 15,168.00 15,168.00 Gross Pav Reported W-2 Wages 15,168.00 15,168.00 15,168.00 15,168.00

2. Employee Name and Address.

RUPINI MUPPIDI **80 NORTHEAST 14TH AVENUE APT 436** PORTLAND OR 97232

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1	Wages, tips, other of	2 Federal income tax withheld 2168.24			
3	Social security wag	es 68.00	4 Social security tax withheld 940.42		
5	Medicare wages and	tips 68.00	6 Medica	re tax withh	neld 219.94
d	Control number	Dept.	Corp. Employer use only		use only
			A 46		
00	0131 ATLA/85Y			A	46

SOLUTIONSOFT INC

5 COMPUTER DR WEST #204 ALBANY NY 12205

b	Employer's FED ID number 84-1764320	a Employee's SSA number XXX-XX-6166				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
	15.16 ORSTT W/H	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

RUPINI MUPPIDI 80 NORTHEAST 14TH AVENUE **APT 436** PORTLAND OR 97232

15 State	Employer's state ID no.	16 State wages, tips, etc.
OR	01784662-7	15168.00
17 State	income tax	18 Local wages, tips, etc.
	1213.44	
19 Local	income tax	20 Locality name

OR.State Reference Wage and Tax Statement

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

1	Wages, tips, other comp.			Federal income tax withheld				
	15168.00			2168.24				
3	Social security wages 15168.00			4 Social security tax withheld 940.42				
5	Medicare wages and	tips 58.00	6	Medicare tax withheld 219.94				
d	Control number	Dept.		Corp.	Employer	use only		
00	0131 ATLA/85Y				A	46		
c	C Employer's name address and ZID code							

SOLUTIONSOFT INC 5 COMPUTER DR WEST #204 ALBANY NY 12205

b	Employer's FED ID number	a Employee's SSA number			
	84-1764320	XXX-XX-6166			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	15.16 ORSTT W/H	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			

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

RUPINI MUPPIDI **80 NORTHEAST** 14TH AVENUE **APT 436** PORTLAND OR 97232

		Employer's state ID no. 01784662-7	16	State wag	es, tips, etc. 15168.00
17	State	income tax	18	Local wag	ges, tips, etc.
		1213.44			
19	Local	income tax	20	Locality n	ame
			1		

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