## 2021 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records. d Control number Corp. Employer use only 000043 K7/4I9

Employer's name, address, and ZIP code

TEKVIVID INC 2665 VILLA CREEK DR SUITE 102A TX 75234 7309 FARMERS BRANCH,

Batch #93715

e/f Employee's name, address, and ZIP code VIJANA ANANTH MAI MEDI

593 LAKE FOREST DR COPPELL, TX 75019

b	Employer's FED ID number 84-3030881			а	a Employee's SSA number XXX-XX-3323						
1	Wages	s, tips, o	ther comp.	2		Feder	al	income	ta	ax withhe	ld
			10500.00							1233.5	55
3	Social	security	_	4		Socia	ıl s	ecurity	ta	x withhe	
			10500.00							651.0	)0
5	Medic	are wage	s and tips	6		Medic	ar	e tax w	ith		
			10500.00		152.25					25	
7	Social	security	tips	8		Alloca	ate	d tips			
9				10	) [	Depen	de	nt care	b	enefits	
11	Nonqualified plans		12	a	See ir	nstr 	uctionsf	or	box 12		
11	Othor	Other		12	b!						
14	Other			12	c.						
				12	d						
				13	3	Stat ei	mp.	Ret. plar	13	rd party si	ck pay
15	State	Employe	r's state ID	no. 16	6	State	Wa	ages, tip	s,	etc.	
17 State income tax			18	В	Local	w	ages, ti <sub>l</sub>	ps	, etc.		
19 Local income tax			20	0	Local	ity	name				

10500.00 1233.55 Social security wages 10500.00 651.00 Medicare wages and tips 10500.00 Medicare tax withheld 152.25 d Control number Employer use only 000043 K7/4I9

Employer's name, address, and ZIP code

TEKVIVID INC 2665 VILLA CREEK DR SUITE 102A FARMERS BRANCH, TX 75234 7309

b Empl	oyer's FED ID numbe <b>84-3030881</b>	er a Employee's SSA number  XXX-XX-3323
7 Socia	l security tips	8 Allocated tips
9		10 Dependent care benefits
11 Nonq	ualified plans	12a See instructions for box 12
14 Other	r	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f Empl	oyee's name, address	s and ZIP code

VIJANA ANANTH MAI MEDI 593 LAKE FOREST DR COPPELL, TX 75019

15	State	Employer's	state ID n	o. 16 State wages, tips, etc.
17	State	income tax		18 Local wages, tips, etc.
19	Local	income tax		20 Locality name
				T'

Federal Filing Copy Wage and Tax Statement OMB Copy B to be filed with employee's Federal Income Tax Ret 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

Gross Pav Reported W-2 Wages 10,500.00 10,500.00

10,500.00 10,500.00

10,500.00 10,500.00

2. Employee Name and Address.

VIJANA ANANTH MAI MEDI 593 LAKE FOREST DR COPPELL, TX 75019

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1 Wages, tips, other comp. 10500.00			2 Federa	I income tax	withheld 1233.55	
3	Social se		es 00.00	4 Social	security tax	withheld 651.00
5	5 Medicare wages and tips 10500.00			6 Medica	re tax withh	eld 152.25
d	Control n	umber	Dept.	Corp.	Employer	use only
ı	00043	K7/4I9				

c Employer's name, address, and ZIP code

TEKVIVID INC 2665 VILLA CREEK DR SUITE 102A FARMERS BRANCH, TX 75234 7309

b	Employer's FED ID number 84-3030881	a Employee's SSA number XXX-XX-3323				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
e/f	Employee's name, address a	nd ZIP code				

VIJANA ANANTH MAI MEDI 593 LAKE FOREST DR COPPELL, TX 75019

c.
tc.

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax

1	Wages,	tips, other o	omp. <b>00.00</b>	2	Federa	income tax withheld 1233.55
3	Social s		s 00.00	4	Social	security tax withheld 651.00
5	Medicar	e wages and 105	tips 00.00	6	Medica	re tax withheld 152.25
d	Control	number	Dept.		Corp.	Employer use only
00	0043	K7/4I9				Α

c Employer's name, address, and ZIP code

TEKVIVID INC 2665 VILLA CREEK DR SUITE 102A FARMERS BRANCH, TX 75234 7309

b	Employer's FED ID number 84-3030881	a Employee's SSA number XXX-XX-3323				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

VIJANA ANANTH MAI MEDI 593 LAKE FOREST DR COPPELL, TX 75019

15	State	Employer's	state	ID no	. 16	State wages, tips, etc.
17	State	income tax			18	Local wages, tips, etc.
19	Local	income tax			20	Locality name

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Inco