## 2021 W-2 and EARNINGS SUMMARY



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

d Control number Dept. Corp. Employer use only
000138 BALT/QRK A 55

Employer's name, address, and ZIP code

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

Batch #01779

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

SRINIVASARAO POTLA 2000 WALNUT AVE APT I-105 FREMONT CA 94538

Employer's FED ID number a Employee's SSA number 47-4607925 XXX-XX-0398 Wages, tips, other comp. Federal income tax withheld 109050.59 17237.44 Social security wages Social security tax withheld 109050.59 6761.14 Medicare wages and tips 6 Medicare tax withheld 109050.59 1581.23 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1308 61 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 076-4670 6 109050.59 17 State income tax 18 Local wages, tips, etc. 7254.18 19 Local income tax 20 Locality name

1	Wages, tips, other c	omp.	2 Federal	l income tax	withheld
109050.59			1'	7237.44	
3	Social security wage	es 50.59	4 Social security tax withheld 6761.14		
5	Medicare wages and 1090	l tips 50.59	6 Medicare tax withheld 1581.2		
d	Control number	Dept.	Corp.	Employer	use only
0.0	000138 BALT/QRK			A	55

Employer's name, address, and ZIP code

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

b Employer's FED ID number 47-4607925	r a Employee's SSA number XXX-XX-0398
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
1308.61 SDI	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address	and ZIP code

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

SRINIVASARAO POTLA 2000 WALNUT AVE APT I-105 FREMONT CA 94538

	Employer's state ID no. 076-4670 6	16 State	wages,	tips, etc. 109050.59
		18 Local wages, tips, etc.		
	7254.18			
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.

Federal Filing Copy

Wage 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 CA. State Wages, Compensation Wages Wages Tips, Etc. Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2 109,050.59 109,050.59 109,050.59 109,050.59 Gross Pav Reported W-2 Wages 109,050.59 109,050.59 109,050.59 109,050.59

2. Employee Name and Address.

SRINIVASARAO POTLA 2000 WALNUT AVE APT I-105 FREMONT CA 94538

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1	Wages, tips, other of	omp. 50.59	2 Federa	l income tax	withheld 7237.44	
3	Social security wag	es 50.59	4 Social security tax withheld 6761.14			
5	Medicare wages and	tips 50.59	6 Medica	Medicare tax withheld 1581.23		
d	Control number	Dept.	Corp.	Employer	use only	
000138 BALT/QRK			A	55		

c Employer's name, address, and ZIP code

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

b	Employer's FED ID number 47-4607925	a Employee's SSA number XXX-XX-0398			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	1308.61 CA SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			
.,	Empleyee's name address	1710			

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

SRINIVASARAO POTLA 2000 WALNUT AVE APT I-105 FREMONT CA 94538

		16 State wages, tips, etc. 109050.59
17 State	income tax	18 Local wages, tips, etc.
	7254.18	
19 Local	income tax	20 Locality name
	CA 17 State	17 State income tax 7254.18

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

CA. State Reference Copy
Referen

1	Wages, tips, other c	omp.	2	Federa	income tax	withheld	
	1090	50.59			17	237.44	
3	Social security wages 109050.59			4 Social security tax withheld 6761.14			
5	Medicare wages and 1090	tips 50.59	6	6 Medicare tax withheld 1581.23			
d	Control number	Dept.		Corp.	Employer	use only	
00	0138 BALT/QRK				A	55	
			-				

c Employer's name, address, and ZIP code

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

b	Employer's FED ID number	a Employee's SSA number			
	47-4607925	XXX-XX-0398			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	1308.61 CA SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pa			

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

SRINIVASARAO POTLA 2000 WALNUT AVE APT I-105 FREMONT CA 94538

15 State CA	Employer's state ID no. 076-4670 6	16	State	wages,	tips, etc. 109050.59
<u> </u>	070 1070 0	_			±03030.33
17 State	income tax	18	Local	wages,	tips, etc.
	7254.18				
19 Local	income tax	20	Local	ity nam	е
		1			

CA.State Filling Copy

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

Command No. 1545-0008