Employee Reference Copy 2 Wage and Tax Statement OMB No. 1545-0008 Corp. **Employer use only** d Control number 0000023572 V7B WGG0

Employer's name, address, and ZIP code MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819

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

RAMESH KAPALAVAI 2416 INDIAN CLOVER TRL LEANDER, TX 78641

b	Employer's FED ID number 13-4204626	a Employee's SSA number XXX-XX-3815
1	Wages, tips, other comp.	2 Federal income tax withheld
	98164.75	8310.88
3	Social security wages	4 Social security tax withheld
	101656.68	6302.71
5	Medicare wages and tips	6 Medicare tax withheld
	101656.68	1474.02
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
	0.11	12b D 6383.21
14	Other	12c W 5207.38
		12d DD 13684.18
		13 Stat emp. Ret. plan 3rd party sick pay
15	State Employer's state ID no	o. 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

2021 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 112,869.34 SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 FED. INCOME TAX WITHHELD 8,310.88 MEDICARE TAX 1,474.02 WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX SUI/SDI 0.00 0.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2

To change your employee W-4 profile information file a new W-4 with your payroll department

RAMESH KAPALAVAI 2416 INDIAN CLOVER TRL LEANDER, TX 78641

Social Security Number: XXX-XX-3815

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1	Wages, tips, other 981	comp. 64.75	2 Federal	income tax withheld 8310.88
3	Social security was	ges 56.68	4 Social	security tax withheld 6302.71
5	Medicare wages ar 1016	156.68	6 Medica	re tax withheld 1474.02
d	Control number 000023572 V7B	Dept.	Corp. WGG0	Employer use only 5493

MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819

b Employer's FED ID number 13-4204626	a Employee's SSA number XXX-XX-3815
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 161.75
14 Other	12b D 6383.21
	12c W 5207.38
	12d DD 13684.18
	13 Stat emp. Ret. plan 3rd party sick pay
eff Employee's name, address a	13 Stat emp. Ret. plan 3rd party si

RAMESH KAPALAVAI 2416 INDIAN CLOVER TRL LEANDER, TX 78641

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

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other 981	comp. 164.75	2 Federal	8310.88
3	Social security was	ges 556.68	4 Social	security tax withheld 6302.71
5	Medicare wages at 1016	nd tips 556.68	6 Medica	re tax withheld 1474.02
d	Control number 000023572 V7B	Dept.	Corp. WGG0	Employer use only 5493

c Employer's name, address, and ZIP code MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819

Employer's FED ID number 13-4204626	a Employee	's SSA number (XX-XX-3815
Social security tips	8 Allocated	tips
	10 Depender	nt care benefits
Nonqualified plans	12a C	161.75
Other	12b D	6383.21
	12c W	5207.38
	12d DD	13684.18
	13 Stat emp. Re	t. plan 3rd party sick pay
	13-4204626 Social security tips	Social security tips

RAMESH KAPALAVAI 2416 INDIAN CLOVER TRL LEANDER, TX 78641

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

State Filing Copy Wage and Tax Statement

1	Wages, tips, other 981	comp. 64.75	2 Federa	l income tax withheld 8310.88
3	Social security wa 1016	ges 56.68	4 Social	security tax withheld 6302.71
5	Medicare wages at 1016	nd tips 56.68	6 Medica	re tax withheld 1474.02
d 00	Control number 00023572 V7B	Dept.	Corp. WGG0	Employer use only 5493

Employer's name, address, and ZIP code MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819

b	Employer's FED ID number 13-4204626	a Employ	ee's SS/	XX-3815
7	Social security tips	8 Allocat	ed tips	
9		10 Depend	dent care	benefits
11	Nonqualified plans	12a C		161.75
14	Other	12b D		6383.21
		12c W		5207.38
		12d DD		13684.18
		13 Stat emp	Ret. plan	3rd party sick pay

RAMESH KAPALAVAI 2416 INDIAN CLOVER TRL LEANDER, TX 78641

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

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