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

RN/6SE Employer's name, address, and ZIP code

> CWC INTERNATIONAL 10998 S WILCREST DR STE 230 HOUSTON, TX 77099

> > Batch #99707

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

NAVADEEP R MOOLA 1925 KENNEDY DR TYSONS, VA 22102

b	Emplo	yer's FED ID 20-49343		а	Emple		ee's SS			
1	Wages	s, tips, other	comp.	2	Feder	al	income	tax	with	held
	68866.64						7	208	.00	
3	Social	security wa	ges	4	Socia	ls	security	tax	withl	neld
	68866.64						4	269	.73	
5	Medicare wages and tips			6	Medic	are	e tax wi	thh		_
		68	866.64					998.57		
7	Social	security tips	3	8	Alloca	ate	d tips			
9)		10	10 Dependent care benefits						
11	1 Nonqualified plans		12	12a See instructions for box 12						
4.4	Other			12	b	Π				
14	Other			12						
				12	-	L		_		
				13	Stat er	np.	Ret. plan	3rd	party	sick pay
15	State	Employer's	state ID no	16	State	wa	ages, tip	s, e	etc.	
VA 30204934324F001			ı				68	3866	.64	
17	State	income tax		18	Local	w	ages, tip	os,	etc.	
		3:	572.68							
19 Local income tax			20	Local	ity	name				
l				- 1						

Wages, tips, other 68866.64 7208.00 Social security wages 68866.64 Social security tax withheld 4269.73 Medicare tax withheld 998.57 Medicare wages and tips 68866.64 d Control number Dept. Employer use only 000094 RN/6SE Employer's name, address, and ZIP code

CWC INTERNATIONAL INC DR STE 230 10998 S WILCREST HOUSTON, TX 77099

b	Employer's FED ID number 20-4934324	a Employee's SSA number XXX-XX-2795
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
_ /f	Empleyee's name address	and ZID ands

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

NAVADEEP R MOOLA 1925 KENNEDY DR TYSONS, VA 22102

15 \	State /A	Employer's state ID no. 30204934324F001	16 State wages, tips, etc. 68866.64
17	State	income tax 3572.68	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fili	ing Conv

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 VA. State Wages, Compensation Wages Wages Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

Gross Pay 68,866.64 68,866.64 68,866.64 68,866.64 Reported W-2 Wages 68,866.64 68,866.64 68,866.64 68,866.64

2. Employee Name and Address.

NAVADEEP R MOOLA 1925 KENNEDY DR TYSONS, VA 22102

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4 Social	security tax withheld		
4 Social security tax withheld 4269.73			
6 Medica	re tax withheld 998.57		
Corp.	Employer use only		
	28		

CWC INTERNATIONAL INC DR STE 230 10998 S WILCREST HOUSTON, TX 77099

b	Employer's FED ID number 20-4934324	a Employee's SSA number XXX-XX-2795				a Employee's SSA number XXX-XX-2795				
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

NAVADEEP R MOOLA 1925 KENNEDY DR TYSONS, VA 22102

15 \	State /A	Employer's 30204934	state ID no. 1324F001	16	State	wages,	tips, etc. 68866.64
17	State	income tax		18	Local	wages,	tips, etc.
3572.68							
19	Local	income tax		20	Local	ity nam	е

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

1	Wages,	tips, other c	omp. 6 6.64	2	Federa	income tax	with 208	
3	Social s	security wage	s 66.64	4	Social	security tax	with!	
5	Medicar	e wages and 6880	tips 66.64	6	Medica	re tax withh	eld 99 8	.57
d	Control	number	Dept.		Corp.	Employer	use	only
00	0094	RN/6SE						28
_	FI				71D	_		

Employer's name, address, and ZIP code

CWC INTERNATIONAL INC 10998 S WILCREST HOUSTON, TX 77099 DR STE 230

b	Employer's FED ID number 20-4934324	a Employee's SSA number XXX-XX-2795				
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

NAVADEEP R MOOLA 1925 KENNEDY DR TYSONS, VA 22102

15 State VA	Employer's state ID no. 30204934324F001	16	State wages, tips, etc. 68866.64
17 State	income tax	18	Local wages, tips, etc.
	3572.68		
19 Local	income tax	20	Locality name

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