r							
Wage and Tax Copy Statement Statement Statement							
Copy C for employee's records.	OMB NO. 1545-0008						
d Control number Dept.	Corp. Employer use only						
000024 RV/UYT	7						
000024 RV/011	1						
c Employer's name, address, and ZIP code 9EDGE INC 1007 N SEPULVEDA BLVD UNIT1004 MANHATTAN BEACH. CA 90267							
MANHAIIAN BE	ACH, CA 90267						
	Batch #91324						
e/f Employee's name, address, a	ind ZIP code						
SANDEEP A JADHAV							
2955 DURHAM RIDGE	LANE						
CUMMING. GA 30041							
50mmillio, 57 50041							
b Employer's FED ID number	a Employee's SSA number						
46-0806205	XXX-XX-6732						
1 Wages, tips, other comp.	<sup>2</sup> Federal income tax withheld						
47524.71	4626.47						
3 Social security wages	4 Social security tax withheld						
48030.65	2977.90						
5 Medicare wages and tips	6 Medicare tax withheld						
48030.65	696.44						
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
11 Nonqualified plans	12a See instructions for box 12						
ri nonqualifieu piaris	C 24.48						
	12b D 505.94						
14 Other	14 JU0.34						
24.48 GTL	120 00 4074 07						
	12c DD 4271.07						
	12d						
	12d   13 Stat emp Ret. plan 3rd party sick part X						
15 State Employer's state ID no	12d I   13 Stat emp   Ret. plan 3rd party sick pay   X X   16 State   wages, tips, etc.						
	12d   13 Stat emp Ret. plan 3rd party sick part X						
15 State Employer's state ID no ID 004987498	12d Image: Constraint of the second						
15 State Employer's state ID no   ID 004987498   17 State income tax	12d I   13 Stat emp   Ret. plan 3rd party sick pay   X X   16 State   wages, tips, etc.						
15     State     Employer's     state     ID     no       ID     004987498     17     State     income     tax     2330.00	12d Image: Constraint of the second						
15 State Employer's state ID no   ID 004987498   17 State income tax	12d Image: Constraint of the second						

## 2021 W-2 and EARNINGS SUMMARY



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	ID. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	50,595.05	50,595.05	50,595.05	50,595.05
Less Other Cafe 125	2,588.88	2,588.88	2,588.88	2,588.88
Less 401(k) (D-Box 12)	505.94	N/A	N/A	505.94
Plus GTL (C-Box 12)	24.48	24.48	24.48	24.48
Reported W-2 Wages	47,524.71	48,030.65	48,030.65	47,524.71

2. Employee Name and Address.

## SANDEEP A JADHAV 2955 DURHAM RIDGE LANE CUMMING, GA 30041

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1 Wages, tips, other comp. 47524.71	2 Federal income tax withheld 4626.47	1 Wages, tips, other comp. 47524.71	2 Federal income tax withheld 4626.47	1 Wages, tips, other comp. 47524.71	2 Federal income tax withheld 4626.47	
3 Social security wages 48030.65	4 Social security tax withheld 2977.90	3 Social security wages 48030.65	4 Social security tax withheld 2977.90	<sup>3</sup> Social security wages 48030.65	4 Social security tax withheld 2977.90	
5 Medicare wages and tips 48030.65	6 Medicare tax withheld 696.44	5 Medicare wages and tips 48030.65 6 Medicare tax withheld 696.44		5 Medicare wages and tips 48030.65	6 Medicare tax withheld 696.44	
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
000024 RV/UYT	7	000024 RV/UYT	7	000024 RV/UYT	7	
c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code		c Employer's name, address, a	nd ZIP code			
	EDA BLVD UNIT1004 ACH, CA 90267		VEDA BLVD UNIT1004 EACH, CA 90267		EDA BLVD UNIT1004 ACH, CA 90267	
b Employer's FED ID number 46-0806205	a Employee's SSA number XXX-XX-6732	b Employer's FED ID number 46-0806205	a Employee's SSA number XXX-XX-6732	b Employer's FED ID number 46-0806205	a Employee's SSA number XXX-XX-6732	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 C 24.48	11 Nonqualified plans	<sup>12a</sup> C 24.48	11 Nonqualified plans	<sup>12a</sup> C 24.48	
14 Other	<sup>12b</sup> D 505.94	14 Other	<sup>12b</sup> D 505.94	14 Other	<sup>12b</sup> D 505.94	
24.48 GTL	<sup>12c</sup> DD 4271.07	24.48 GTL	<sup>12c</sup> DD 4271.07	24.48 GTL	<sup>12c</sup> DD 4271.07	
2	12d	2	12d	2	12d	
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick part	
e/f Employee's name, address an	d ZIP code	e/f Employee's name, address and ZIP code		e/f Employee's name, address and ZIP code		
SANDEEP A JADHAV SANDEEP A JADHAV		SANDEEP A JADHAV				
2955 DURHAM RIDGE LANE 2955 DURHAM RIDGE LANE		2955 DURHAM RIDGE LANE				
CUMMING, GA 30041		CUMMING, GA 30041		CUMMING, GA 30041		
15 State Employer's state ID no. ID 004987498	16 State wages, tips, etc. 47524.71	15 State Employer's state ID n 10 004987498	o. 16 State wages, tips, etc. 47524.71	15 State Employer's state ID no. ID 004987498	16 State wages, tips, etc. 47524.71	
17 State income tax 2330.00	18 Local wages, tips, etc.	17 State income tax 2330.00	18 Local wages, tips, etc.	17 State income tax 2330.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
Federal Fil	ing Copy	ID.State Re	eference Copy	ID.State Filir	ng Copy	
W-2 Wage and Tax 2021 W-2		W-2 Wage a Stateme Copy 2 to be filed with employee's Sta		W-2 Wage an Statem Copy 2 to be filed with employee's State	nd Tax 2021	