## 2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only RU/VSB 000372

Employer's name, address, and ZIP code WISSENIT INC 775 ADDISON AVENUE SUITE 102

ROCKHILL, SC 29730

Batch #93705

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

NIHARIKA MALIREDDI 714 HUNTERS GLEN DR PLAINSBORO, NJ 08536

b	Emplo	yer's FED ID number 82-4001510	а	E	Empl		ee's SSA	number (-5034
1	Wages	s, tips, other comp.	2	F	eder	al	income	tax withheld
		35604.00						4957.40
3	Social	security wages	4	5	Socia	ls	security	tax withheld
5	Medica	are wages and tips	6	N	/ledic	are	e tax wit	hheld
7	Social	security tips	8	,	Alloca	ate	d tips	
9			10	D	epen	de	nt care	benefits
11	Nonqu	alified plans	12	a :	See ir	str	ructionsfo	r box 12
14	Other		12	_		<u> </u>		
• •	•			c.		<u> </u>		
			12			<u> </u>		
			13	3 8	tat e	np.	Ret. plan	3rd party sick pay
		Employer's state ID no 824-001-510/000	16	6 <b>S</b>	State	Wa	ages, tip	s, etc. 35872.00
17	State	ncome tax 1564.64	18	8 <b>L</b>	.ocal	W	ages, tip	s, etc.
19	Local	income tax	20	0 <b>L</b>	ocal	ity	name	

Wages, tips, other comp 35604.00 4957.40 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000372 RU/VSB

Employer's name, address, and ZIP code

WISSENIT INC 775 ADDISON AVENUE SUITE 102 ROCKHILL, SC 29730

b	Employer's FED ID number 82-4001510	a Emplo	oyee's SS XXX-X			
7	Social security tips	8 Allocated tips				
9		10 Deper	dent care	benefits		
11	Nonqualified plans	12a See	instruction	s for box 12		
14	Other	12b	İ			
		12c	İ			
		12d				
		13 Stat en	np. Ret. plan	3rd party sick pay		
e/f	e/f Employee's name, address and ZIP code					

NIHARIKA MALIREDDI 714 HUNTERS GLEN DR PLAINSBORO, NJ 08536

15 <b>N</b>	State	Employer's state ID no. 824-001-510/000	16 State	wages, tips, etc. 35872.00
17	State	income tax	18 Loca	I wages, tips, etc.
		1564.64		
19	Local	income tax	20 Loca	lity name
_		Federal Fili	ing (	Сору

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 Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	35,872.00	35,872.00	35,872.00	35,872.00
Less Other Cafe 125	268.00	N/A	N/A	N/A
Reported W-2 Wages	35,604.00	0.00	0.00	35,872.00

2. Employee Name and Address.

## NIHARIKA MALIREDDI 714 HUNTERS GLEN DR PLAINSBORO, NJ 08536

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1	Wages, tips, other co		2 Federal income tax withheld 4957.40				
3	3 Social security wages			4 Social security tax withheld			
5	5 Medicare wages and tips			6 Medicare tax withheld			
d	Control number	Dept.	Corp.	Employ	yer use only		
00	0372 RU/VSB			Α			
С	Employer's name, add WISSENIT 775 ADDISO SUITE 102 ROCKHILL,	INC ON A	VENUE				
b 7	82-4001510 XXX-XX-5034						
9			10 Dependent care benefits				
11	Nonqualified plans		<b>12</b> a	1			
14	Other		12b				
			12c				
			12d				
			13 Stat em	p. Ret. plan	3rd party sick pay		
e/f Employee's name, address and ZIP code NIHARIKA MALIREDDI 714 HUNTERS GLEN DR PLAINSBORO, NJ 08536							
	State Employer's sta 824-001-510	te ID no.	16 State wages, tips, etc. 35872.00				
17 State income tax 1564.64			18 Local wages, tips, etc.				
19	Local income tax		20 Locality name				
Cop	/ W = /	ge ai	nd Ta	× 2	021 No. 1545-0008		

1 Wages, tips, other comp. 35604.00			2 Federal income tax withheld 4957.40			
3 Social security wages			4 Social security tax withheld			
5	Medicare wages ar	nd tips	6 Medicare tax withheld			
d	Control number	Dept.	Corp.	Employer use only		
00	0372 RU/VSE	3		Α		
С	Employer's name,	address, a	nd ZIP co	de		
b	SUITE 10 ROCKHILL	, SC		yee's SSA number		
7	82-4001510 7 Social security tips		8 Alloca	XXX-XX-5034		
•	Coolai Scourty upo		o Alloca	neu ups		
9			10 Depen	dent care benefits		
11	Nonqualified plans		12a	 		
14	Other		12b			
			12c			
			12d			
			13 Stat er	np. Ret. plan 3rd party sick pa		
e/f Employee's name, address and ZIP code						

NJ 08536

1564.64

Copy 2 to be filed with employee's State Income Tax Return.

15 State NJ Employer's state ID no. 824-001-510/000 State wages, tips, etc. 35872.00

NJ.State Filing Copy Wage and Tax

Statement

18 Local wages, tips, etc.

20 Locality name

PLAINSBORO,

17 State income tax

19 Local income tax