2021 W-2 and EARNINGS SUMMARY

Medicare

Box 5 of W-2

Wages



Employee Reference
Wage and Tax
Statement

Copy C for employee's records.

d Control number
000158 RO/ZS9

Dept. Corp. Employer use only
A 23

C Employer's name, address, and ZIP code

DATA SOLUTIONS INC 28345 BECK ROAD STE 406 WIXOM, MI 48393

Batch #91640

e/f Employee's name, address, and ZIP code
MAHENDER RAJU KALLEPELLI
350 E VISTA RIDGE MALL DR
LEWISVILLE, TX 75067

| b | Employer's FED ID number 38-3378666 | a Employee's SSA number XXX-XX-4066 | | | | | |
|----|-------------------------------------|--|--|--|--|--|--|
| 1 | Wages, tips, other comp. | 2 Federal income tax withheld | | | | | |
| | 115600.00 | 17484.00 | | | | | |
| 3 | Social security wages | 4 Social security tax withheld | | | | | |
| | 115600.00 | 7167.20 | | | | | |
| 5 | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| | 115600.00 | 1676.20 | | | | | |
| 7 | Social security tips | 8 Allocated tips | | | | | |
| 9 | | 10 Dependent care benefits | | | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | | | | | |
| 11 | Other | 12b | | | | | |
| ٠- | Other | 12c | | | | | |
| | | 12d | | | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pay | | | | | |
| 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 | | | | | |

DATA SOLUTIONS INC 28345 BECK ROAD STE 406

WIXOM, MI 48393

| b | Employer's FED ID number 38-3378666 | a Employee's SSA number XXX-XX-4066 |
|-----|-------------------------------------|--|
| 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 |
| e/f | Employee's name address an | d ZIP code |

MAHENDER RAJU KALLEPELLI 350 E VISTA RIDGE MALL DR

LEWISVILLE, TX 75067

| 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
Statement OMB NO. 1545-0008
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 Wages Box 1 of W-2 Social Security Wages Box 3 of W-2

Gross Pay 115,600.00 115,600.00 115,600.00 Reported W-2 Wages 115,600.00 115,600.00 115,600.00

2. Employee Name and Address.

MAHENDER RAJU KALLEPELLI 350 E VISTA RIDGE MALL DR LEWISVILLE, TX 75067

© 2021 ADP, Inc.

| 1 | Wages, tips, oth | er comp. 5600.00 | 2 Federal income tax withheld 17484.00 | | | |
|--|------------------|---------------------|--|-------------|-----------------|--|
| 3 Social security wages 115600.00 | | | 4 Social security tax withheld 7167.20 | | | |
| 5 Medicare wages and tips 115600.00 | | | 6 Medica | re tax with | neld 1676.20 | |
| d | Control number | Dept. | Corp. | Employer | use only | |
| 000158 RO/ZS9 | | | | Α | 23 | |
| c Employer's name, address, and ZIP code | | | | | | |

DATA SOLUTIONS INC 28345 BECK ROAD STE 406 WIXOM, MI 48393

| b | Employer's FED ID number 38-3378666 | a Employee's SSA number XXX-XX-4066 |
|----|-------------------------------------|---|
| 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

MAHENDER RAJU KALLEPELLI 350 E VISTA RIDGE MALL DR LEWISVILLE, TX 75067

| 15 | State | Employer's | state | ID n | o . 16 | State | wages, | tips, | etc. |
|----|----------|------------|-------|------|---------------|-------|---------|-------|------|
| | | | | | | | • | • • | |
| 47 | . | | | | 40 | | | | |
| 17 | State | income tax | | | 18 | Local | wages, | tips, | etc. |
| | | | | | | | | | |
| 40 | Land | income toy | | | 20 | Lassi | its nom | _ | |
| 19 | Local | income tax | | | 20 | Local | ity nam | е | |
| | | | | | - 1 | | | | |

State Reference Copy
Wage and Tax
Statement
Copy2 to be filed with employee's State Income Tax
Return. 1545-

| 1 Wages, tips, other comp. 115600.00 | | | | 2 Federal income tax withheld 17484.00 | | | |
|--|-----------------------------------|-------|--------|--|---------------|----------|--|
| 3 | 3 Social security wages 115600.00 | | | 4 Social security tax withheld 7167.20 | | | |
| 5 | Medicare wages and 1156 | 6 | Medica | re tax withhe | eld 676.20 | | |
| d | Control number | Dept. | | Corp. | Employer | use only | |
| 000158 RO/ZS9 | | | | | Α | 23 | |
| c Employer's name, address, and ZIP code | | | | | | | |

DATA SOLUTIONS INC 28345 BECK ROAD STE 406 WIXOM, MI 48393

| 38-3378666 | XXX-XX-4066 | | | | |
|----------------------|---|--|--|--|--|
| Social security tips | 8 Allocated tips | | | | |
| | 10 Dependent care benefits | | | | |
| Nonqualified plans | 12a | | | | |
| Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pa | | | | |
| | Social security tips Nonqualified plans Other | | | | |

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

MAHENDER RAJU KALLEPELLI 350 E VISTA RIDGE MALL DR LEWISVILLE, TX 75067

| 15 | State | Employer's | state | ID no. | 16 | State wages, tips, etc. |
|----|-------|------------|-------|--------|----|-------------------------|
| | | ' ', | | | ' | 3, .,., |
| 17 | State | income tax | | | 18 | Local wages, tips, etc. |
| '' | | | | | | |
| 10 | Local | income tax | | | 20 | Locality name |
| 1 | _500. | | | | 1 | Locality mains |

City or Local Reference Copy

Wage and Tax
Statement
Copy2 to be filed with employee's City or Local Income Tax Return.