Employee Reference Copy Wage and Tax Statement Dept. Corp. Employer use only 0000177488 WYH CONT SW90 S Employer's name, address, and ZIP code APEX SYSTEMS LLC

4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

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

HARSHADA PATIL 22797 SE 14TH COURT SAMMAMISH, WA 98075

b	Employer's FED ID number 54-1773546	a Employee's SSA number XXX-XX-3361						
1	Wages, tips, other comp.	2 Federal income tax withheld						
	52314.88	6519.75						
3	Social security wages	4 Social security tax withheld						
	52314.88	3243.52						
5	Medicare wages and tips	6 Medicare tax withheld						
	52314.88	758.57						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12						
-	0.1 2007	12b						
14	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						

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

2021 W-2 and EARNINGS SUMMARY

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

HARSHADA PATIL 22797 SE 14TH COURT SAMMAMISH, WA 98075 Social Security Number: XXX-XX-3361

6519.75

2 Federal income tax withheld

4 Social security tax withheld 3243.52

Medicare tax withheld

© 2021 ADP. Inc

PAGE 01 OF 01

_	water count would blood below below below many an							Fold and E	etac	h Here	7
1	Wages, tips, othe	er comp. 2314.88	2 Federa		ax withheld 519.75	1	Wages, tips, othe	r comp.	2	Federa	al
3	Social security w	4 Social security tax withheld 3243.52 6 Medicare tax withheld 758.57			3	Social security wa	ecurity wages 52314.88		4 Social:		
5	Medicare wages a				5 Medicare wages		and tips 6 2314.88		6 Medica		
d 00	Control number 000177488 WYH	Dept. CONT	Corp. SW90	Employ:	er use only 24335	d 00	Control number 000177488 WYH	Dept. CONT	1	Corp. W90	I
С	APEX SYSTE	MS LLC				С	APEX SYSTE	MS LLC			

4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060

a Employee's SSA number XXX-XX-3361				
8 Allocated tips				
10 Dependent care benefits				
12a See instructions for box 12				
12b				
12c				
12d				
13 Stat emp. Ret. plan 3rd party sick pay				

HARSHADA PATIL 22797 SE 14TH COURT SAMMAMISH, WA 98075

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

ederal Filing Copy Wage and Tax Statement e filed with employee's Federal Income Tax Retur

5	Medic	care wages ar 523	6 Medicare tax withheld 758.57					
d 00		ol number 188 WYH	Dept. CONT	Corp. SW90	Empl A	oyer use only 2433		
С	APE 4400 ATTI	oyer's name, a X SYSTEM COX RO N: PAYRO N ALLEN,	AS LLC AD, SU LL DEF	JITE 200 PARTME)		The second secon	
b	Empl	oyer's FED ID 54-17735		a Employee's SSA number XXX-XX-3361				
7	Socia	l security tips						
9				10 Depen	dent car	e benefits		
11	Nonq	ualified plans		12a				
14	14 Other		12b	- TO LONG BY				
				12c				
				12d		100000000000000000000000000000000000000		
				13 Stat emp	Ret. plan	3rd party sick p	ay	
	HAR 2279 SAM	SHADA P. 7 SE 14TI MAMISH,	ATIL H COUI WA 9	RT 8075		ps, etc.		
17 State income tax				18 Local wages, tips, etc.			_	
				1700 1.50 0	5 800			
19	19 Local income tax			20 Localit	y name			
\ c	M opy 2 to		Nage a		× 2	021 No. 1545-000	00	

1 Wages, tips, other co 5231		2 Federal income tax withheld 6519.75				
3 Social security wage 5231	s 4.88	4 Social	security tax withheld 3243.52			
5 Medicare wages and 5231		6 Medicare tax withheld 758.57				
d Control number 0000177488 WYH	Dept.	Corp. SW90	Employer use only A 24335			
c Employer's name, ac APEX SYSTEMS 4400 COX ROA ATTN: PAYROL GLEN ALLEN,	LLC D, SU L DEP	ITE 200 ARTMEI				
b Employer's FED ID r 54-1773546	number	a Employ	yee's SSA number XXX-XX-3361			
7 Social security tips		8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified plans		12a				
14 Other		12b				
		12c				
		12d 13 Stat em	p. Ret. plan 3rd party sick pa			
e/f Employee's name, at HARSHADA PA' 22797 SE 14TH SAMMAMISH, V	TIL COUR	Т	e			
15 State Employer's sta	ate ID no.	16 State v	vages, tips, etc.			
17 State income tax		18 Local	wages, tips, etc.			
19 Local income tax		20 Locality name				
City or L		nd Tax				

Copy 2 to be filed with employee's City or Local Income Tax