## 2022 W-2 and EARNINGS SUMMARY

| VV-Z  | Staten  | nd Tax<br>nent                                   | 2022  |
|---|---|--|---|
| Copy C for employee's<br>Control number   | Dept.   | Corp.  | Employer use only   |
| 0000006620 RQR  | 150   | BB95   | E S 3920  |
| Employer's name, a  | address, a  |  |   |
|   |   |  |   |
|   |   |  |   |
| MOUNIKA RE<br>48S ARCADIAN  | VANUR   | U  |   |
| MOUNIKA RE  | VANUR   | U  |   |
| MOUNIKA RE<br>48S ARCADIAN<br>MEMPHIS, TN   | VANUR<br>CIRCL<br>38103                                 | U<br>E, APT 2                                    |   |
| MOUNIKA RE 48S ARCADIAN MEMPHIS, TN :  Employer's FED ID: 30-080323 Wages, lips, other co                                 | VANUR<br>I CIRCL<br>38103<br>number<br>39<br>omp.       | U<br>E, APT 2                                    | yee's SSA number XXX-XX-1424 Il income tax withheld   |
| MOUNIKA RE<br>48S ARCADIAN<br>MEMPHIS, TN 3<br>Employer's FEO ID<br>30-080323<br>Wages, lips, other c<br>28638            | VANUR<br>I CIRCL<br>38103<br>number<br>39<br>omp.       | U<br>E, APT 2<br>a Emplo<br>2 Federa             | yee's SSA number<br>XXX-XX-1424<br>if income tax withheld<br>4783.19                          |
| MOUNIKA RE 48S ARCADIAN MEMPHIS, TN 3 Employer's FEO ID 30-080323 Wages, lips, other c 28638 Social security wage         | VANUR<br>CIRCL<br>38103<br>number<br>39<br>omp.         | U<br>E, APT 2<br>a Emplo<br>2 Federa             | yee's SSA number<br>XXX-XX-1424<br>If income tax withheld<br>4783.19<br>security tax withheld |
| MOUNIKA RE 48S ARCADIAN MEMPHIS, TN :  Employer's FED ID 30-08032: Wages, tips, other or 28638 Social security wage 31926 | VANUR<br>CIRCL<br>38103<br>number<br>39<br>omp.<br>3.12 | U<br>E, APT 2<br>a Emplo<br>2 Federa<br>4 Social | yee's SSA number XXX-XX-1424 If income tax withheld 4783.19 security tax withheld 1979.45     |
| 48S ARCADIAN MEMPHIS, TN :  Employer's FED ID: 30-080322 Wages, tips, other c: 28638                                      | VANUR<br>CIRCL<br>38103<br>number<br>39<br>omp.<br>3.12 | U<br>E, APT 2<br>a Emplo<br>2 Federa<br>4 Social | yee's SSA number<br>XXX-XX-1424<br>If income tax withheld<br>4783.19<br>security tax withheld |

15 State Employer's state ID no. 16 State wages, tips, etc.

11 Nongualified plans

17 State income tax

19 Local income tax

14 Other

12a See instructions for box 12 C | 22.16 12b D | 3288.51 12c DD | 3169.17

18 Local wages, tips, etc.

20 Locality name

This summary section is included with your W-2 to help describe this cortion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus ny

| adjustments made by<br>GROSS PAY             | your employer.<br>32,913.93 | SOCIAL SECURITY TAX WITHHELD                               | 1,979.45 |
|--|-----------------------------|--|----------|
| FED. INCOME<br>TAX WITHHELD<br>BOX 02 OF W-2 | 4,783.19                    | BOX 04 OF W-2<br>MEDICARE TAX<br>WITHHELD<br>BOX 06 OF W-2 | 462.94   |
| STATE INCOME TAX<br>BOX 17 OF W-2            | 0.00                        | SUI/SDI<br>BOX 14 OF W-2                                   | 0.00     |
| LOCAL INCOME TAX                             | 0.00                        |  |          |

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

Social Security Number: XXX-XX-1424

MOUNIKA REVANURU **48S ARCADIAN CIRCLE, APT 202** MEMPHIS, TN 38103

## 

© 2022 ADP. Inc.

BOX 19 OF W-2

PAGE 1 OF 1

|            | 28638   | .12         |                             | 4783.19                          |
|------------|---|-------------|-----------------------------|----------------------------------|
| 3 Socia    | security wage<br>31926.                                 |             | 4 Social                    | security tax withheld<br>1979.45 |
| 5 Medic    | are wages and<br>31926.                                 | tips        | 6 Medic                     | are tax withheld<br>462.94       |
| d Con      | trol number   | Dept.       | Corp.                       | Employer use only                |
| 00000      | 06620 RQR   |             | BB95                        | E S 3920                         |
| BK         | ryer's name, a<br>FSISERVIC<br>RIVERSIDE                | ES LLO      |                             | ode                              |
|            |   |             |                             |                                  |
| b Empl     | 30-080323   | number<br>9 | a Emplo                     | yee's SSA number<br>XXX-XX-1424  |
| 7 Social   | security tips   |             | 8 Alloca                    |                                  |
| 9          |   |             |                             | ndent care benefits              |
| 11 None    | jualified plans   |             | CI                          | nstructions for box 12<br>22.16  |
| 14 Other   |   |             | 12b D                       | 3288.51                          |
|            |   |             | 126 DD                      | 3169.17                          |
|            |   |             | 12d                         |                                  |
|            |   |             | 13 Stat emp                 | Flot, plan Srd party sick pay    |
| MOU<br>48S | oyee's name, i<br>NIKA REV<br>ARCADIAN (<br>PHIS, TN 38 | ANURU       | J                           |                                  |
| 5 State    | Employer's sta  | ite ID no.  | 16 State                    | wages, tips, etc.                |
| 7 State    | income tax  |             | 18 Local                    | wages, tips, etc.                |
| 9 Local    | income tax  |             | 20 Locali                   | ty name                          |
|            | income tax income tax Federal Wa                        |             | 18 Local 20 Locali Copy Tax | wages, tips, etc.                |

| 4 Social security tax withhe           |  |  |
|--|--|--|
| 1979.45                                |  |  |
| 6 Medicare tax withheld<br>462.94      |  |  |
| Corp. Employer use or<br>BB95 E S 3920 |  |  |
|  |  |  |

# Fold and Detach Here To

| C | Employers name,   | address, | and | ZIP | COC |
|---|-------------------|----------|-----|-----|-----|
|   | BKFSISERVI        | CES LL   | C   |     |     |
|   | 601 RIVERSID      | EAVE     |     |     |     |
|   | <b>JACKSONVIL</b> | LE, FL   | 322 | 04  |     |
|   |                   |          |     |     |     |

| b  | Employer's FED ID number<br>30-0803239 | a Employee's SSA number<br>XXX-XX-1424   |                  |  |  |
|----|--|--|------------------|--|--|
| 7  | Social security tips                   | 8 Allocated tips                         |                  |  |  |
| ч  |  | 10 Depender                              | nt care benefits |  |  |
| 11 | Nonqualified plans                     | 12a<br>C                                 | 22,16            |  |  |
| 14 | Other                                  | 12bD                                     | 3288.51          |  |  |
|    |  | 12c DD  3169.17                          |                  |  |  |
|    |  | 13 Stat emp. Ret. plan 3rd party sick pa |                  |  |  |
|    |  |  |                  |  |  |
|    | Employee's name, address               |  |                  |  |  |

MOUNIKA REVANURU **48S ARCADIAN CIRCLE, APT 202** MEMPHIS, TN 38103

| 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           |  |

State Filing Copy Wage and Tax Statement

| 1 | Wages, tips, other co<br>28638    |   | 2 Federal income tax withhei<br>4783.19   |                               |  |
|---|-----------------------------------|---|---|-------------------------------|--|
| 3 | Social security wages<br>31926.63 |   | 4 Social security tax withheld<br>1979.45 |                               |  |
| 5 |                                   | edicare wages and tips 6 Medicare tax withhel |   | are tax withheld<br>462.94    |  |
| d | Control number<br>0000006620 RQR  | Dept.   | Corp.<br>BB95                             | Employer use only<br>E S 3920 |  |

c Employer's name, address, and ZIP code BKFS I SERVICES LLC 601 RIVERSIDE AVE JACKSONVILLE, FL 32204

| b Employer's FED ID number<br>30-0803239 | a Employee's SSA number<br>XXX-XX-1424   |  |  |
|--|--|--|--|
| 7 Social security tips                   | 8 Allocated tips                         |  |  |
| 9  | 10 Dependent care benefits               |  |  |
| 11 Nonqualified plans                    | 12a<br>C 22.16                           |  |  |
| 14 Other                                 | <sup>12b</sup> D 3288.51                 |  |  |
|  | 12c DD 3169.17                           |  |  |
|  | 12d                                      |  |  |
|  | 13 Stat emp. Ret. plan 3rd party sick pa |  |  |

elf Employee's name, address and ZIP code MOUNIKA REVANURU 48S ARCADIAN CIRCLE, APT 202 MEMPHIS, TN 38103

| 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           |

City or Local Filing Cop Wage and Tax Statement