

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy C for employee's records.

d Control number 0000005706 W9H	Dept. BC95	Corp. E S	Employer use only 4998
c Employer's name, address, and ZIP code THE DEPOSITORY TRUST & CLEARING CORPORATION 18301 BERMUDA GREEN DR TAMPA, FL 33647			
e/f Employee's name, address, and ZIP code SRIKANTH VYKUNTAPU 8019 N MACARTHUR BLVD APT 2073 IRVING, TX 75063			
b Employer's FED ID number 13-4086405	a Employee's SSA number XXX-XX-0849		
1 Wages, tips, other comp. 29690.01	2 Federal income tax withheld 4662.13		
3 Social security wages 31213.11	4 Social security tax withheld 1935.21		
5 Medicare wages and tips 31213.11	6 Medicare tax withheld 452.59		
7 Social security tips	8 Allocated tips		
9			
11 Nonqualified plans	12a See instructions for box 12 C 55.30		
14 Other	12b D 1523.10		
	12c W 1269.02		
	12d DD 3557.26		
	13 Stat emp. Ret. plan 3rd party sick pay X		
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		

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

GROSS PAY	33,105.28	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	1,935.21
FED. INCOME TAX WITHHELD BOX 02 OF W-2	4,662.13	MEDICARE TAX WITHHELD BOX 06 OF W-2	452.59
STATE INCOME TAX BOX 17 OF W-2	0.00	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

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

Social Security Number: XXX-XX-0849

SRIKANTH VYKUNTAPU
8019 N MACARTHUR BLVD
APT 2073
IRVING, TX 75063



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PAGE 1 OF 1

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Federal Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

State Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2022

Copy C for employer's records
OMB No. 1545-0048

d Control number Dept. Corp. Employer use only
000172 BALT/QRK A 9

c Employer's name, address, and ZIP code
TEKSKY LLC
22636 GLENN DR STE 203
STERLING VA 20164

Batch #01982

e/f Employee's name, address, and ZIP code
VINEETHA CHAVA
14220 PARK ROW DR
APT 1522
HOUSTON TX 77084

b Employer's FED ID number 47-4607925	a Employee's SSA number XXX-XX-4408
1 Wages, tips, other comp. 77896.80	2 Federal income tax withheld 12332.24
3 Social security wages 77896.80	4 Social security tax withheld 4829.60
5 Medicare wages and tips 77896.80	6 Medicare tax withheld 1129.50
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
15 State Employer's state ID no. TX	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	77,896.80	77,896.80	77,896.80	
Reported W-2 Wages	77,896.80	77,896.80	77,896.80	

2. Employee Name and Address.

VINEETHA CHAVA
14220 PARK ROW DR
APT 1522
HOUSTON TX 77084

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c Employer's name, address, and ZIP code
TEKSKY LLC
22636 GLENN DR STE 203
STERLING VA 20164

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e/f Employee's name, address and ZIP code
VINEETHA CHAVA
14220 PARK ROW DR
APT 1522
HOUSTON TX 77084

15 State Employer's state ID no. TX	16 State wages, tips, etc.
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Federal Filing Copy W-2 Wage and Tax Statement 2022

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

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STERLING VA 20164

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APT 1522
HOUSTON TX 77084

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TX.State Reference Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

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TEKSKY LLC
22636 GLENN DR STE 203
STERLING VA 20164

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HOUSTON TX 77084

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TX.State Filing Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-0047 **600320**

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) SRIKANTH VYKUNTAPU		2 Social security number (SSN) ***-**-0849		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-4086405	
3 Street address (including apartment no.) 8019 N MACARTHUR BLVD APT 2073		6 Country and ZIP or foreign postal code 75063		7 Name of employer THE DEPOSITORY TRUST & CLEARING CORPORATION		10 Contact telephone number 855-800-3822	
4 City or town IRVING		8 State or province TX		11 City or town NEW YORK		13 Country and ZIP or foreign postal code 10041	
5 City or town IRVING		8 State or province TX		12 State or province NY		13 Country and ZIP or foreign postal code 10041	

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): **01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 148.18	\$ 148.18
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

Form 1095-C (2022)

600320

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Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	SRIKANTH VYKUNTAPU	***-**-0849												X	X	X	X
19	VINEETHA CHAVA	***-**-4408												X	X	X	X
20																	
21																	
22																	
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Form 1095-C (2022)