2022 W-2 and EARNINGS SUMMARY

1			d Tax	496.1	022
C	opy C for employee's re		CIII	OMB N	lo. 1545-0008
1		Dept.	Corp.	Employ	yer use only
	0000005706 W9H		BC95	ES	4998
c	Employer's name, add	dress, a			
	CORPORATION 18301 BERMUD TAMPA, FL 336		EN DR		
	SRIKANTH VYK 8019 N MACARTI APT 2073 IRVING, TX 7506	HUR B	LVD		
b	Employer's FED ID 13-4086405	5		XXX->	X-0849
1	Wages, tips, other con		2 Feder	ral Income	tow withhald
	29690.0	11	1	4	
_		71		1 11	1662.13
3	Social security wages		4 Socia	,	1662.13 tax withheld
	31213.1	11		1	1662.13 tax withheld 1935.21
	31213.1 Medicare wages and to	11 ips		,	tax withheld 1935.21
5	31213.1	11 ips	6 Medi	1	1662.13 tax withheld 1935.21
7	31213.1 Medicare wages and to 31213.1 Social security tips	11 ips	6 Media 8 Alloc	care tax w ated tips endent ca	tax withheld 1935.21 iithheld 452.59
7	31213.1 Medicare wages and to 31213.1 Social security tips	11 ips	6 Media 8 Alloc	care tax w ated tips endent ca	1662.13 tax withheld 1935.21 lithheld 452.59

15 State Employer's state ID no.

19 Local income tax

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

у	adjustments made by GROSS PAY	y your employer. 33,105.28	SOCIAL SECURITY TAX WITHHELD	1,935.21
	FED. INCOME TAX WITHHELD BOX 02 OF W-2	4,662.13	BOX 04 OF W-2 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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c Employer's name, address, and ZIP code

18301 BERMUDA GREEN DR

THE DEPOSITORY TRUST & CLEARING

PAGE 1 OF 1

4662.13 rity tax withheld

1935.21

452.59 Employer use only

2 Federal income tax withheld

BC95

29690.01	2 redera	4662.13	29690.0	
3 Social security wages 31213.11	4 Social	security tax withheld 1935.21	3 Social security wages 31213.1	1
5 Medicare wages and tips 31213.11	6 Medic	are tax withheld 452.59	5 Medicare wages and tip 31213.1	1
d Control number D	ept. Corp.	Employer use only	d Control number	De
0000005706 W9H	BC95	E S 4998	0000005706 W9H	
c Employer's name, addre THE DEPOSITOR' CORPORATION 18301 BERMUDA TAMPA, FL 33647	Y TRUST & (GREEN DR		c Employer's name, add THE DEPOSITOR CORPORATION 18301 BERMUD/ TAMPA, FL 3364	A (
b Employer's FED ID nut 13-4086405	mber a Emplo	yee's SSA number XXX-XX-0849	b Employer's FED ID n 13-4086405	un
7 Social security tips	8 Alloca	ted tips	7 Social security tips	
q		ndent care benefits	Д	
11 Nonqualified plans	12a See I	nstructions for box 12 55.30	11 Nonqualified plans	
14 Other	12b D	1523.10	14 Other	
	12c W	1269.02		
		0557.06	111	

16 State wages, tips, etc

18 Local wages, tips, etc. 20 Locality name

2 Federal income tax withheld 1 Wages, tips, other comp

a Employee	s SSA number XX-XX-0849	b Employer's FED ID number 13-4086405		yee's SSA number XXX-XX-0849
8 Allocated		7 Social security tips	8 Alloca	ted tips
10 Depende	nt care benefits	9	10 Depe	ndent care benefits
12a See Instru	uctions for box 12	11 Nonqualified plans	12a	
CI	55.30		C	55.30
12b D	1523.10	14 Other	12b D	1523.10
12c W	1269.02		12cW	1269.02
12d DD	3557.26		12dDD	3557.26
	plan 3rd party sick pay		13 Stat emp	Ret. plan 3rd party sick pay
and ZIP code)	e/f Employee's name, address		code

APT 2073

17 State Income tax

19 Local income tax

IRVING, TX 75063

B/	f Employee's name, address and ZIP C	١
	SRIKANTH VYKUNTAPU	
	8019 N MACARTHUR BLVD	
	APT 2073	
	IRVING, TX 75063	

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 Copy B to be filed with employee's Federal Inc.

Wage and Tax Statement Copy 2 to be filed with employee's State Inc

8019 N MACARTHUR BLVD

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

State Filing Copy

18 Local wages, tips, etc.

20 Locality name

1 Wages, tips, othe 296	r comp. 90.01	2 Federal income tax withhel 4662.13		
3 Social security w 312	ages 13.11	4 Social	security tax withheld 1935.21	
5 Medicare wages a 312	nd tips 13.11	6 Medica	are tax withheld 452.59	
d Control number	Dept.	Corp.	Employer use only	
0000005706 W9H		BC95	E S 4998	

c Employer's name, address, and ZIP code THE DEPOSITORY TRUST & CLEARING CORPORATION 18301 BERMUDA GREEN DR **TAMPA, FL 33647**

b Employer's FED ID number 13-4086405	a Employee's SSA number XXX-XX-0849	
7 Social security tips	8 Allocated tips	
g	10 Dependent care benefits	
11 Nonqualified plans	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 pa	

SRIKANTH VYKUNTAPU 8019 N MACARTHUR BLVD

APT 2073 IRVING, TX 75063

16 State wages, tips, etc.
18 Local wages, lips, etc.
20 Locality name

City or Local Filing Con Wage and Tax Statement Copy 2 to be filed with employee's City or Local income Tax Return

2022 W-2 and EARNINGS SUMMARY



	lage a Stater	nd Tax	2022 OMB No. 1545-003
d Control number	D	A T	P 1

Employer's name, address, and ZIP code
TEKSKY LLC

000172 BALT/QRK

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 7708	4			
b Employer's FED ID number				
47-4607925	XXX-XX-4408			
1 Wages, tips, other comp.	2 Federal income tax withheld			
77896.80	12332.24			
3 Social security wages	4 Social security tax withheld			
77896.80				
5 Medicare wages and tips	6 Medicare tax withheld			
77896.80	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			
14 Other	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pa			
15 State Employer's state ID n	o. 16 State wages, tips, etc.			
17 State income tax	18 Local wages, tips, etc.			
10 Least Income tou	00.1!it			

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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Fold and Detach Here

3	Social security wage	96.80	4 Social security tax withheld 4829.60					
5	Medicare wages and 7789	6 Medicare tax withheld 1129.50						
d	Control number	Dept.	Corp.	Employe	r use only			
00	00172 BALT/QRK			Α	9			
	TEKSKY I							
	22636 GLI STERLING	ENN I	20164					
ь	22636 GL	ENN I	20164	203				
b 7	22636 GLI STERLING	ENN I	20164	ree's SSA ni				

9 10 Dependent care benefits							
11 Nonqualified plans	12a See instructions for box 12						
14 Other	12b						
	120						
	12d						
	13 Stat emp. Ret. plan 3rd party sick pay						
e/f Employee's name, addre	ess and ZIP code						
VINEETHA CHAVA	4						
14220 PARK ROV	V DR						
APT 1522							
LIQUIDTON TV 770	004						

HOUS	TON 1X 77084		
15 State TX	Employer's state ID no.	16 State wages, tips, etc.	
		18 Local wages, tips, etc.	
19 Local	income tax	20 Locality name	

Federal Filing Copy

Wage and Tax 2022

Statement

Statement Copy

Statement C

1	Wages, tips, other co	omp. 6.80	2 Feder	ral income to	2332.24		
3	Social security wage 7789	6.80	4 Socia	I security to	x withheld 4829.60		
5	Medicare wages and 7789	6 Medicare tax withheld 1129.50					
d	Control number	Dept.	Corp.	Employe	er use only		
000172 BALT/QRK			A	9			
0	Employer's name ad	dress a	nd 7IP co	de			

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

b	Employer's FED ID number 47-4607925	a Employee's SSA number XXX - XX - 4408
7	Social security tips	8 Allocated tips
g		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

VINEETHA CHAVA 14220 PARK ROW DR APT 1522 HOUSTON TX 77084

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

TX.State Reference Copy

Wage and Tax

2022

Statement

Copy 2 to be filled with employee's State Income Tax Refund.

No. 1545-0008

1	Wages, tips, other comp. 77896.80			Federa		ax withheld
3	Social security wages 77896.80		4	Social	security to	4829.60
5	Medicare wages and tips 77896.80			Medica	are tax with	hheld 1129.50
d	Control number	Г	Corp.	Emplo	yer use only	
00	0172 BALT/QRK				Α	9
c	Employer's name, ad	dress, a	nd	ZIP cod	е	

TEKSKY LLC 22636 GLENN DR STE 203 STERLING VA 20164

b	Employer's FED ID number 47-4607925	a Employee's SSA number XXX - XX - 4408					
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 par					

VINEETHA CHAVA 14220 PARK ROW DR APT 1522

пооз	TON 1X 77084			
15 State TX	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	

TX.State Filing Copy

W-2 Wage and Tax

Statement

State Property Copy

One 2 to be filled with semplanetic State Income Tay In pulls No. 1545-0008

	Employer-Provided Health Insural Do not attach to your tax return. Keep the Go to wave.lrs.gov/Form109SC for Instructions a					for your records.									P00:	
Part I Emplo	oyee			2 Soci	al security number (SSN)											
1 Name of employee (I SRIKANTH V	first name, middle init YKUNTAPU	tiol, last name)				7 Name of employer THE DEPOSITORY TRUST & CLEARING CORPORATION										
Street address (inclu 8019 N MAC	ding spartment no.)	/D APT 20	73			9 Street address (including room or suite no.) 55 WATER STREET				10		telephone 300-3		er.		
4 City or town IRVING		5 State or province TX		6 Country and 75063	ZIP or foreign postal code	11 City or town		12 State or provi	108			Country	and ZIP of	ir foreig	jn posta	code
Part II Emplo	oyee Offer of Co				e's Age on January 1				nth (enter 2	2-digit nur						
	All 12 Months	Jan	Feb	Mar		May June	July	Aug	Sept		Oct		Nov	T	De	5
4 Offer of Coverage (enter required code)		1н	1н	1н	1H 1	ін 1н	1н	1н	1H		1E		1E	_	1E	
15 Employee Required Contribution (see instructions)	s	\$	S	s	s s	\$	\$	\$	s	s	148.18	\$ 1	18.18	s 1	148.3	8
16 Section 4980H Safe Harbor and Other Relief (enter code, / applicable)		2A	2A	2A	2A 2	2A 2A	2A	2A	2D		2C		2C	_	20	_
17 ZIP Code																
For Privacy Act and P	aperwork Reduction	on Act Notice, se	e separate instru	ctions.		Cat. No. 60705M			-				Fort	1095	S-C (20	22)
														Ь	0032	
Form 1095-C (202		16 Complement	neared and and in	d co	aback the box and or	star the information (or oook individual oo	arallad in accura	man inclu	dian the	amalassa	X			Page	3
THE TOVE	red individuals		of covered individua		, check the box and en	(b) SSN or other TIN	T			aing trie			coverage			
		First name,	middle initial, last r				TIN is not availab		hs Jan Fe	eb Mar	Apr May	June Jul				Dec
18 SRIKANTI	H VYKUNTAP	Ü				***-**-0849			-	-			+	××	-	×
19 VINEETHA	A CHAVA				1100	***-**-4408	7-1-1-1		-	\perp		-		××	< ×	×
20									-	-		-	-	+	+	-
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