APP.

W-2 Wage and Tax 20
Statement

OMB No. 1545-000

d Control number Dept. 006223 ATLA/J9U NV-808

Corp. Employer use only A 586

DESIGNS FOR HEALTH INC 980 SOUTH STREET SUFFIELD CT 06078

Batch #05822

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

2908 CALMADA AVENUE HENDERSON NV 89074

b	Employer's FED ID number 06-1468349	a Employee's SSA number XXX-XX-2366		
1	Wages, tips, other comp.	2 Federal income tax withheld		
	143751.08	24592.25		
3	Social security wages	4 Social security tax withheld		
	143751.08	8912.57		
5	Medicare wages and tips	6 Medicare tax withheld		
	143751.08	2084.39		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 C 327.47		
14	Other	12b DD 6603.48		
17	Other	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		
15 State Employer's state ID no CA 101-4623 1		o. 16 State wages, tips, etc.		
		143751.08		
17	State income tax 10516.62	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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	146,470.37	146,470.37	146,470.37	146,470.37
Plus GTL (C-Box 12)	327.47	327.47	327.47	327.47
Less Other Cafe 125	3,046.76	3,046.76	3,046.76	3,046.76
Reported W-2 Wages	143,751.08	143,751.08	143,751.08	143,751.08

2. Employee Name and Address.

SUBHRANSU KUMAR TRIPATHY 2908 CALMADA AVENUE HENDERSON NV 89074

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1 Wages, tips, oth 14	er comp. 3751.08	2 Federa		tax withheld 24592.25
	3751.08	4 Social	security t	8912.57
5 Medicare wages 14	and tips 3751.08	6 Medica	are tax wit	hheld 2084.39
d Control number 006223 ATLA/J	Dept	Corp.	Employ	yer use only 586

Employer's name, address, and ZIP code
DESIGNS FOR HEALTH INC

980 SOUTH STREET SUFFIELD CT 06078

b Employer's FED ID nur 06-1468349	nber a Employee's SSA number XXX-XX-2366
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 327.47
14 Other	12b DD 6603.48
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

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

SUBHRANSU KUMAR TRIPATHY 2908 CALMADA AVENUE HENDERSON NV 89074

	Employer's state ID no. 101-4623 1	16 State wages, tips, etc. 143751.08
17 State	income tax 10516.62	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

Federal Filing Copy

NAI_2 Wage and Tax 2002

CREATED WITH SCANNER+

1	Wages, tips, other of	2 Feder		tax withheld 24592.25	
3	Social security was	4 Socia	security t	tax withheld 8912.57	
5	Medicare wages an	6 Medic	are tax wit	hheld 2084.39	
d 00	Control number 6223 ATLA/J9U	Dept. NV-808	Corp.	Employ	yer use only 586

Fold and Detach Here

Employer's name, address, and ZIP code

DESIGNS FOR HEALTH INC 980 SOUTH STREET SUFFIELD CT 06078

b	Employer's FED ID number 06-1468349	a Employee's SSA number XXX-XX-2366
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C 327.47
14	Other .00 CA SDI	12b DD 6603.48
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

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

SUBHRANSU KUMAR TRIPATHY 2908 CALMADA AVENUE HENDERSON NV 89074

15 State Employer's state ID no CA 101-4623 1		16 State wages, tips, etc. 143751.08
17 State	10516.62	18 Local wages, tips, etc.
19 Local income tax		20 Locality name

CA. State Reference Copy

Wage and Tax

OMB

No. 1545-0008

Copy 2 to be filed with employee's State Income Tax

Return.

1	Wages, tips, other of	comp. 51.08	2	Federa		tax withheld 24592.25
3	Social security wag	es 51.08	4	Social	security t	tax withheld 8912.57
5	5 Medicare wages and tips 143751.08		6	Medica	are tax wit	thheld 2084.39
d	Control number	Dept		Corp.	Emplo	oyer use only
00	6223 ATLA/J9U	NV-808			A	586

c Employer's name, address, and ZIP code

DESIGNS FOR HEALTH INC 980 SOUTH STREET SUFFIELD CT 06078

b Em	ployer's FED ID numbe 06-1468349	a Employee	's SSA number X-XX-2366
7 So	cial security tips	8 Allocated	tips
9		10 Dependen	t care benefits
11 No	nqualified plans	12a C	327.47
14 Oth	Other	12b DD	6603.48
	.00 CA SDI	12c	THE PART WHEN
	,00 CA 001	12d	
		13 Stat emp. Re	et. plan 3rd party sick pa

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

SUBHRANSU KUMAR TRIPATHY 2908 CALMADA AVENUE HENDERSON NV 89074

15 C	State Employer's state ID no. 101-4623 1	16 State wages, tips, etc. 143751.08
		18 Local wages, tips, etc.
19	Local income tax	20 Locality name

CA. State Filing Copy

Wage and Tax

Statement

Copy 2 to be filed with employee's State Income Tax

Return.

CA. State Filing Copy

Return.