Employee Ret	ference Copy						
Wage a							
VV-Z Statem							
Copy C for employee's records.	OMB No. 1545-0008						
d Control number Dept.	Corp. Employer use only						
026122 CLI2/QFK 000875	A 1109						
c Employer's name, address, a	Employer's name, address, and ZIP code						
COMPUNNEL SOFTWARE							
GROUP INC							
103 MORGAN LANE STE 102							
PLAINSBORO N	IJ 08536						
	Batch #02824						
Balcii #02024							
e/f Employee's name, address, a	and ZIP code						
MOUNIKA NAGIREDD	(
6255 FRISCO SQUAR	E BLVD.						
FRISCO TX 75034	= ====,						
11(1300) 1X 73034							
b Employer's FED ID number	a Employee's SSA number						
58-2137105	XXX-XX-7944						
1 Wages, tips, other comp.	2 Federal income tax withheld						
83385.60	13302.28						
3 Social security wages	4 Social security tax withheld						
84960.00	5267.52						
5 Medicare wages and tips	6 Medicare tax withheld						
84960.00 7 Social security tips	8 Allocated tips						
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
9							
9 11 Nonqualified plans	12a See instructions for box 12						
11 Nonqualified plans							
	12a See instructions for box 12 D 1574.40 12b 1 12c						
11 Nonqualified plans	12a See instructions for box 12 D 1574.40 12b 1 12c 1 12d 1						
11 Nonqualified plans	12a See instructions for box 12 D 1574.40 12b 1 12c						
11 Nonqualified plans	12a See instructions for box 12 D 1574.40 12b 1 12c 1 12d 1 13 Stat emp Ret. plan 3rd party sick pa X						
11 Nonqualified plans	12a See instructions for box 12 D 1574.40 12b 1 12c 1 12d 1 13 Stat emp Ret. plan 3rd party sick pa X						
11 Nonqualified plans 14 Other 15 State Employer's state ID no	12a See instructions for box 12 D 1574.40 12b 1 12c 1 12d 1 13 Stat emp Ret. plan 3rd party sick pa X X						
11 Nonqualified plans 14 Other 15 State CH 53 - 0164870	12a See instructions for box 12 D 1574.40 12b 1 12c 1 12d 1 13 Stat emp Ret. plan [3rd party sick party sick party] X . 16 State wages, tips, etc. 55161.60						

2022 W-2 and EARNINGS SUMMARY



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	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	84,960.00	84,960.00	84,960.00	56,160.00
Less 401(k) (D-Box 12)	1,574.40	N/A	N/A	998.40
Reported W-2 Wages	83,385.60	84,960.00	84,960.00	55,161.60

2. Employee Name and Address.

MOUNIKA NAGIREDDY 6255 FRISCO SQUARE BLVD, FRISCO TX 75034

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1 Wages, tips, other comp. 2 Federal income tax withhele 83385.60 13302.2		2 Federal income tax withheld 13302.28	1 Wages, tips, other comp. 83385.60	2 Federal income tax withheld 13302.28	
3 Social security wages 4 Social security tax withheld 5267.5		4 Social security tax withheld 5267.52	³ Social security wages 84960.00	4 Social security tax withheld 5267.52	
5 Medicare wages and tips 84960.00 6 Medicare tax withheld 1231.9	5 Medicare wages and tips 2 84960.00	6 Medicare tax withheld 1231.92	5 Medicare wages and tips 84960.00	6 Medicare tax withheld 1231.92	
d Control number Dept. Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
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c Employer's name, address, and ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, and ZIP code		
COMPUNNEL SOFTWARE	COMPUNNEL S			COMPUNNEL SOFTWARE	
GROUP INC	GROUP INC			GROUP INC	
103 MORGAN LANE STE 102	103 MORGAN L			103 MORGAN LANE STE 102	
PLAINSBORO NJ 08536	PLAINSBORO N	IJ 08536	PLAINSBORO N	NJ 08536	
b Employer's FED ID number a Employee's SSA number 58-2137105 XXX-XX-7944	b Employer's FED ID number 58-2137105	a Employee's SSA number XXX-XX-7944	b Employer's FED ID number 58-2137105	a Employee's SSA number XXX-XX-7944	
7 Social security tips 8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9 10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans 12a See instructions for box 1 D 1574.40	2 11 Nonqualified plans	12a D 998.40	11 Nonqualified plans	12a D 998.40	
14 Other 12b	14 Other	12b	14 Other	12b	
12c		12c		12c	
12d		12d		12d	
13 Stat emp Ret. plan 3rd party sick X	рау	13 Stat emp. Ret. plan 3rd party sick pay X		13 Stat emp. Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code	e/f Employee's name, address a	e/f Employee's name, address and ZIP code		and ZIP code	
MOUNIKA NAGIREDDY		MOUNIKA NAGIREDDY		MOUNIKA NAGIREDDY	
6255 FRISCO SQUARE BLVD.	6255 FRISCO SQUARE BLVD.		6255 FRISCO SQUARE BLVD,		
FRISCO TX 75034	FRISCO TX 75034		FRISCO TX 75034		
15 State Employer's state ID no. 16 State wages, tips, etc. OH 53-0164870 55161.6	0 0H 53-0164870	. 16 State wages, tips, etc. 55161.60	15 State Employer's state ID no OH 53-0164870	55161.60	
17 State income tax 18 Local wages, tips, etc.	17 State income tax 1860.61	18 Local wages, tips, etc.	17 State income tax 1860.61	18 Local wages, tips, etc.	
19 Local income tax 20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
Federal Filing Copy Wage and Tax 2022 Statement Copy B to be filed with employee's Federal Income Tax Return. 1545-0008	OH.State Re W-2 Wage a Statemer Copy2 to be filed with employee'sStat	nd Tax 2022	OH.State Fi Wage a Statem Copy2 to be filed with employee's stat	and Tax 2022	