2022 W-2 and EARNINGS SUMMARY

Social Security

Medicare



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only 000159 KC/NSD Employer's name, address, and ZIP code

WB SOLUTIONS LLC 7320 E FLETCHER AVE TAMPA, FL 33637 0916

Batch #90667

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

13202 NATIONAL DR APT C

TAMPA, FL 33617 Employer's FED ID number a Employee's SSA number 45-5622329 XXX-XX-7322 Wages, tips, other comp. Federal income tax withheld 13068.75 Social security wages Social security tax withheld 13125.00 813.75 Medicare wages and tips 6 Medicare tax withheld 13125.00 190.31 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 56.25 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 18 Local wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name

Federal income tax withheld Wages, tips, other comp 13068.75 Social security wages 13125.00 813.75 Medicare tax withheld 190.31 Medicare wages and tips 13125.00 Dept. Employer use only 000159 KC/NSD 24

Employer's name, address, and ZIP code

WB SOLUTIONS 7320 E FLETCHER AVE TAMPA, FL 33637 0916 AVE

b	Employer's FED ID number 45-5622329	a Employee's SSA number XXX-XX-7322			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12 56.25			
14	Other	12b			
		12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
e/f	Employee's name, address a	nd ZIP code			

MEGHANA KOPPADA 13202 NATIONAL DR APT C

TAMPA, FL 33617

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 Income Tax Return. 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 Wages Wages Box 5 of W-2 Box 3 of W-2 Box 1 of W-2 13,125.00 13,125.00 13,125.00 Gross Pav **Less** 401(k) (D-Box 12) 56.25 N/A N/A 13,125.00 13,125.00 Reported W-2 Wages 13,068.75

2. Employee Name and Address.

MEGHANA KOPPADA 13202 NATIONAL DR APT C **TAMPA, FL 33617**

© 2022 ADP, Inc.

1 Wages, tips, other comp. 13068.75	2 Federa	I income tax withheld	1	Wages, tips, othe
3 Social security wages 13125.00	4 Social	security tax withheld 813.75	3	Social security w
5 Medicare wages and tips 13125.00	6 Medica	re tax withheld 190.31	5	Medicare wages 13
d Control number Dept.	Corp.	Employer use only	d	Control number
000159 KC/NSD		24	0.0	0159 KC/NS
c Employer's name, address, a	nd ZIP cod	е	С	Employer's name
WB SOLUTIONS 7320 E FLETCHI TAMPA, FL 336		_		WB SOL 7320 E TAMPA,
b Employer's FED ID number 45-5622329	a Employ	vee's SSA number	b	Employer's FED 45-5622
7 Social security tips	8 Allocated tips			Social security tip
9	10 Depend	dent care benefits	9	
11 Nonqualified plans	12a D	56.25	11	Nonqualified plan
14 Other	12b		14	Other
	12c			
	12d			
	13 Stat em	D. Ret. plan 3rd party sick pay		
e/f Employee's name, address a	nd ZIP cod		e/f	Employee's name
MEGHANA KOPPADA			М	EGHANA KO
13202 NATIONAL DR			13	202 NATION
APT C			AI	PT C
TAMPA, FL 33617			TA	AMPA, FL 3
15 State Employer's state ID no	. 16 State	wages, tips, etc.	15	State Employer's
17 State income tax	18 Local	wages, tips, etc.	17	State income tax
19 Local income tax	20 Localit	y name	19	Local income tax
State Refe	erence	Сору	Ι.	_ City or

Wage and Tax

Statement

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

1	Wages, tips, other comp. 13068.75			2 Federal income tax withheld			
3	Social security wages 13125.00		4 Social security tax withheld 813.75				
5	Medicare wages and tips 13125.00			6 Medicare tax withheld 190.31			
d	Control number	Dept.	Corp	э.	Emplo	yer use only	
00	0159 KC/NSD					24	
С	Employer's name, add	lress, ar	nd ZIP o	ode			
7320 E FLETCHER AVE TAMPA, FL 33637 0916							
b	Employer's FED ID number 45-5622329		a Employee's SSA number XXX-XX-7322				
7	Social security tips		8 Allocated tips				
9			10 Dep	ende	nt care	benefits	
11	Nonqualified plans	***********	12a D 56.25		56.25		
14	Other		12b	ī			
			12c	ī			
			12d	ī			
			13 Stat	emp	Ret. plan	3rd party sick pa	
e/f	Employee's name, add	dress ar	d ZIP c	ode			
13 AF	EGHANA KOPP 202 NATIONAL PT C MPA, FL 3361	DR					
	.,						

18 Local wages, tips, etc.

20 Locality name

City or Local Reference

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return