2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records. Control number Corp. Employer use only RX/ZF9 000019

Employer's name, address, and ZIP code VETERAN CORPORATION 22960 SHAW ROAD SUITE 605

Batch #91360

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

LIKHITHA KOTTE 1407 BERNARD STREET APT #1035

DENTON, TX 76201 b Employer's FED ID number a Employee's SSA numbe 46-5041207 XXX-XX-8124 Wages, tips, other comp Federal income tax withheld 4576.00 255.87 Social security wages Social security tax withheld 4576.00 283.71 Medicare wages and tips 6 Medicare tax withheld 4576.00 66.35 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 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

STERLING, VA 20166

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

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.

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

Gross Pay Reported W-2 Wages 4,576.00 4,576.00

4,576.00 4,576.00

4,576.00 4,576.00

2. Employee Name and Address.

LIKHITHA KOTTE 1407 BERNARD STREET APT #1035 DENTON, TX 76201

© 2022 ADP, Inc.

1	Wages, tips, other c	omp. 76.00	2 Federal	income tax	withheld 255.87		
3	Social security wage 45	76.00	4 Social	security tax	withheld 283.71		
5	Medicare wages and 45	wages and tips 4576.00		6 Medicare tax withheld 66.35			
d	Control number	Dept.	Corp.	Employer	use only		
0.0	00019 RX/ZF9				11		
С	C Employer's name, address, and ZIP code						

VETERAN CORPORATION 22960 SHAW ROAD SUITE 605 STERLING, VA 20166

b	Employer's FED ID number 46-5041207	a Employee's SSA number XXX-XX-8124
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
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name address an	d ZIP code

LIKHITHA KOTTE 1407 BERNARD STREET APT #1035 DENTON, TX 76201

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.

1 Wages, tips, other c	omp. 76.00	2 Federa	income ta	x withheld 255.87
3 Social security wage 45	s 76.00	4 Social	security tax	withheld 283.71
5 Medicare wages and 45	tips 76.00	6 Medica	re tax withh	neld 66.35
d Control number	Dept.	Corp.	Employer	use only
000019 RX/ZF9				11
c Employer's name, address, and ZIP code				
i e				

CORPORATION 22960 SHAW ROAD SUITE 605 STERLING, VA 20166

b	Employer's FED ID number 46-5041207	a Employee's SSA number XXX-XX-8124		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12 a		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

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

LIKHITHA KOTTE 1407 BERNARD STREET APT #1035 DENTON, TX 76201

L							
	15	State	Employer's	state ID no.	16	State	wages, tips, etc.
	17	State	income tax		18	Local	I wages, tips, etc.
	19	Local	income tax		20	Local	lity name

State Reference Wage and Tax Statement

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

1	Wages, tips, other of	^{отр.} 76.00	2	Federa	income tax	withl 255	
3	Social security wage 45	es 76.00	4	Social	security tax	withh 283	
5	Medicare wages and 45	tips 76.00	6	Medica	re tax withhe		.35
d	Control number	Dept.		Corp.	Employer	use	only
00	0019 RX/ZF9						11

c Employer's name, address, and ZIP code

VETERAN CORPORATION 22960 SHAW ROAD SUITE 605 STERLING, VA 20166

b	Employer's FED ID number 46-5041207	a Employee's SSA number XXX-XX-8124				
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				

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

LIKHITHA KOTTE 1407 BERNARD STREET APT #1035 DENTON, TX 76201

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

or Local Reference Wage and Tax Statement

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