## 2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement

Copy C for employee's records.
d Control number Dept. Employer use only 000073 ATLA/KC2 200000 Employer's name, address, and ZIP code

APPLIED BIOMATH LLC 561 VIRGINIA ROAD CONCORD MA 01742

Batch #07127

33671.30

18 Local wages, tips, etc.

20 Locality name

e/f Employee's name, address,	and 7ID code
1	and ZIP code
KAVITHA PARUPATI	
102 CREEKSIDE DR	IVF
APT 202	
	14870
b Employer's FED ID number	a Employee's SSA number
46-3836327	XXX-XX-4151
1 Wages, tips, other comp.	2 Federal income tax withheld
33671.30	2410.58
3 Social security wages	4 Social security tax withheld
54171.30	3356.39
5 Medicare wages and tips	6 Medicare tax withheld
54171.30	784.96
7 Social security tips	8 Allocated tips
30 100 100 100 100 100 100 100 100 100 1	l a marana mpo
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	12b D 20500 00
14 Other	20000.00
3.60 SDI	12c MI 2.23
293.19 NY PFL	12d N   .52
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no	. 16 State wages, tips, etc.

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	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	57,366.40	57,366,40	57,366,40	57,366.40
Plus GTL (C-Box 12)	36.00	36.00	36.00	36.00
Less 401(k) (D-Box 12)	20,500.00	N/A	N/A	20,500.00
Less Other Cafe 125	1,192.70	1,192,70	1, 192, 70	1,192.70
Less Cafe 125 HSA (W-Box 12)	2,038.40	2,038.40	2,038,40	2,038.40
Reported W-2 Wages	33,671.30	54,171.30	54,171.30	33,671.30

2. Employee Name and Address.

KAVITHA PARUPATI 102 CREEKSIDE DRIVE APT 202 PAINTED POST NY 14870

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1	Wages, tips, other o	omp. 71.30	2 Federa	income to	ex withheld 2410.58
3	Social security wag 541	es 71.30	4 Social	security ta	x withheld 3356.39
5	Medicare wages and 541	d tips 71.30	6 Medicare tax withheld 784.96		
d	Control number	Dept.	Corp.	Employ	er use only
00	00073 ATLA/KC2	200000		T	37

Employer's name, address, and ZIP code APPLIED BIOMATH LLC 561 VIRGINIA ROAD CONCORD MA 01742

46-3836327

19 Local income tax

1846.63

b Employer's FED ID numb 46-3836327	er a Employee's SSA number XXX-XX-4151
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 36.00
14 Other	12b D 20500.00
3.60 SDI	12c M 2.23
293.19 NY PFL	<sup>12d</sup> N .52
	13 Stat emp. Ret. plan 3rd party sick pay
eff Employee's name address	s and 7IP code

**KAVITHA PARUPATI** 102 CREEKSIDE DRIVE **APT 202** PAINTED POST NY 14870

15 State NY	Employer's state ID no. 46 - 3836327	16 State wages, tips, etc. 33671.30
17 State	income tax 1846.63	18 Local wages, tips, etc.
19 Loca	Income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement

1 Wages, tips, other comp. 33671.30	2 Federal income tax withhel 2410.5		
3 Social security wages 54171.30	4 Social security tax withheld 3356.39		
Medicare wages and tips 54171.30	6 Medicare tax withheld 784.96		
d Control number Dept.	Corp. Employer use only		
000073 ATLA/KC2 200000	T 37		

APPLIED BIOMATH LLC 561 VIRGINIA ROAD CONCORD MA 01742

b	Employer's FED ID number 46-3836327	a E	mplo	yee's SS/ XXX-X	A number X-4151
7	Social security tips	8 Allocated tips			
g		10 D	epen	dent care	benefits
11	Nonqualified plans	12a	Cı		36.00
14	Other	12b	Di	2	0500.00
	3.60 SDI	12c	M		2.23
	293.19 NY PFL	12d	N		.52
		13 St	at emp	Ret. plan	3rd party sick pay

KAVITHA PARUPATI 102 CREEKSIDE DRIVE **APT 202** PAINTED POST NV 14870

		Employer's state ID no. 46 - 3836327	16 State wages, tips, etc. 33671.30
17	State	income tax 1846.63	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

NY.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 33671.30			2 Federal income tax withhe 2410.5		
3	Social security was	<sub>jes</sub> 71.30	4	Social	security t	ax withheld 3356.39
5	Medicare wages an 541	d tips 71.30	6 Medicare tax withheld 784		hheld 784.96	
d	Control number	Dept.		Corp.	Emplo	yer use only
00	0073 ATLA/KC2	200000			T	37
С	Employer's name, a		nd	ZIP cod	e	

APPLIED BIOMATH LLC 561 VIRGINIA ROAD CONCORD MA 01742

b	Employer's FED ID number 46-3836327	a Emplo	yee's SSA XXX-X)	Number X-4151
7	Social security tips		ted tips	
9		10 Depen	dent care	benefits
11	Nonqualified plans	12a C		36.00
14	Other	12b D	20	0500.00
	3.60 SDI	12c M		2.23
	293.19 NY PFL	12d N		.52
		13 Stat em	p. Ret. plan	3rd party sick pay

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

KAVITHA PARUPATI 102 CREEKSIDE DRIVE **APT 202** PAINTED POST NY 14870

15 State	Employer's state ID no. 46-3836327	16 State wages, tips, etc. 33671.30
	1846.63	18 Local wages, tips, etc.
19 Loc	al income tax	20 Locality name

NY.State Filing Copy Wage and Tax Statement Ployee's State Income Tax Return

Employer use only 000073 ATLA/KC2 200000

Employer's name, address, and ZIP code APPLIED BIOMATH LLC 561 VIRGINIA ROAD CONCORD MA 01742

Batch #07127

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

KAVITHA PARUPATI 102 CREEKSIDE DRIVE **APT 202** 

PAINTED POST NY 14870

b Employer's FED ID number a Employee's SSA number 46-3836327 XXX-XX-4151 Wages, tips, other comp. Federal income tax withheld 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NY 46 - 3836327 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

KAVITHA PARUPATI 102 CREEKSIDE DRIVE APT 202 PAINTED POST NY 14870

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3 8	Social security wag				
	Social security wages		4 Social security tax withheld		
5 1	Medicare wages and tips		6 Medicare tax withheld		
	Control number	Dept.	Corp.	Employer us	
	Employer's name, a		nd ZIP cod	l le	38
	APPLIED 561 VIRG CONCORI	BIOMA INIA R	ATH LL		

b Employer's FED ID numb 46-3836327	er a Employee's SSA number XXX-XX-4151
7 Social security tips	8 Allocated tips
g	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 W 3038.40
14 Other	12b DD 9660.60
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e# Employee's name, addre	ss and ZIP code

KAVITHA PARUPATI 102 CREEKSIDE DRIVE **APT 202** PAINTED POST NY 14870

15 N	State	Employer's state ID no. 46 - 3836327	16 State wages, tips, etc.
17	State	income tax	18 Local wages, tips, etc.
19	Loca	Income tax	20 Locality name

Federal Filing Copy Wage and Tax Copy B to be filed with employee's Federal Income Tax Heturn.

Wages, tips, other comp.	2 Federal income tax withheld					
3 Social security wages	4 Social security tax withheld					
5 Medicare wages and tips	6 Medicare tax withheld					
d Control number Dept. 000073 ATLA/KC2 200000	Corp. Employer use only T 38					
Employer's name, address, APPLIED BIOM 561 VIRGINIA I CONCORD MA	IATH LLC ROAD					
Employer's FED ID number 46-3836327	a Employee's SSA number XXX-XX-4151					
oodar oodariiy apo	8 Allocated tips					
	10 Dependent care benefits					
11 Nonqualified plans	12a W 3038,40					
14 Other	<sup>12b</sup> DD 9660.60					
	12c					
	13 Stat emp. Ret. plan 3rd party sick pay					
e/f Employee's name, address and ZIP code						
e/f Employee's name, address	and ZIP code					
KAVITHA PARUPATI						
KAVITHA PARUPATI 102 CREEKSIDE DR						
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KAVITHA PARUPATI 102 CREEKSIDE DR APT 202 PAINTED POST NY 15 State Employer's state ID n NY 46-3836327	   14870   16 State wages, tips, etc.					
KAVITHA PARUPATI 102 CREEKSIDE DR APT 202 PAINTED POST NY 15 State Employer's state ID n NY 46-3836327 17 State income tax	RIVE 14870 10. 16 State wages, tips, etc. 18 Local wages, tips, etc.					

					1	
3	Social security wag	4 Social security tax withheld				
5	5 Medicare wages and tips		6 Medicare tax withheld			
d	Control number	Dept.	Corp.	Employ	er use only	
00	0073 ATLA/KC2	200000		Т	38	
C	Employer's name, a	ddress, a	nd ZIP code	•		
	APPLIED 561 VIRG CONCORI	INIA R O MA	OAD 01742			
b	Employer's FED ID 46 - 383632	27	a Employee's SSA number XXX-XX-4151			
7	Social security tips		8 Allocated tips			
9		Water Comme	10 Dependent care benefits			
11	Nonqualified plans		12a W		3038.40	
14 Other			12b DD	9660.60		
			12c			
			12d			
				X	3rd party sick pay	
e/f	Employee's name,	address a	nd ZIP code	•		
10 A P	AVITHA PARI 02 CREEKSID PT 202 AINTED POS	E DRI	14870			
ı	State Employer's s NY 46-383632	tate ID no	. 16 State w	ages, tip	s, etc.	
17	State income tax		18 Local wages, tips, etc.			

20 Locality name

NY.State Filing Copy

Wage and Tax

Statement

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

2 Federal income tax withheld

Wages, tips, other comp.