2022 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

d	Control	number	Dept.	Corp.	Employer	use on
00	0103	LOSA/7AH	TECHOL		T	1

Employer's name, address, and ZIP code

HAMMOQ PO BOX #13058 SCOTTSDALE AZ 85267

Batch #02537

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

LEELA KISHAN KOLLA 17642 N 23RD AVENUE PHOENIX AZ 85023

b	Emplo	yer's FED ID number	а	Emple	οує	e's SSA	number
		85-3411757			Х	XX-XX	-8237
1	Wages	s, tips, other comp.	2	Feder	al	income	tax withheld
		45253.20					4709.87
3	Social	security wages	4	Socia	1 8	security	tax withheld
		45253.20					2805.70
5	Medica	are wages and tips	6	Medic	are	e tax wit	hheld
		45253.20					656.17
7	Social	security tips	8	Alloca	ate	d tips	
9			10	Depen	de	nt care	benefits
11	Nonqu	alified plans	12	a See in	str	uctionsfo	r box 12
_			12	b	i –		
14	Other		12	С			
			12	d			
			13	Stat er	np.	Ret. plan	3rd party sick pay
15	State	Employer's state ID no	. 16	State	wa	ges, tip	s, etc.
7	λZ	85-3411757					45253.20
17	State i	income tax	18	Local	w	ages, tip	s, etc.
19	Local	income tax	20	Local	ity	name	
			_				

1	Wages, tips, other of 452	omp. 53.20	2 I	Federal	income tax	withheld 4709.87
3	Social security wage 452	es 53.20	4	Social	security tax	withheld 2805.70
5	Medicare wages and 452	l tips 53.20	6 I	Medica	re tax withh	eld 656.17
d	Control number	Dept.	C	Corp.	Employer	use only
0.0	0103 LOSA/7AH	TECHOL			T	15
С	Employer's name a	address a	nd 7	IP cod		

HAMMOQ PO BOX #13058 SCOTTSDALE AZ 85267

b	Employer's FED ID number 85-3411757	a Employee's SSA number XXX-XX-8237				
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 and ZIP code

LEELA KISHAN KOLLA 17642 N 23RD AVENUE PHOENIX AZ 85023

15	State	Employer's state	ID no.	16 State	wages, t	ips, etc.	
7	λZ	85-3411757				45253	.20
17	State	income tax		18 Local	wages,	tips, etc.	
19	Local	income tax		20 Locali	ty name		
		Federal	Fili	ina C	'onv		

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	Social Security	Medicare	AZ. State Wages,	
	Compensation	Wages	Wages	Tips, Etc.	
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2	
Gross Pay Reported W-2 Wages	45,253.20	45,253.20	45,253.20	45,253.20	
	45,253.20	45,253.20	45,253.20	45,253.20	

2. Employee Name and Address.

LEELA KISHAN KOLLA 17642 N 23RD AVENUE PHOENIX AZ 85023

© 2022 ADP, Inc.

1 Wages, tips, of	her comp. 45253.20	2 Federa	l income ta	withheld 4709.87
3 Social security	wages 45253.20	4 Social	security tax	withheld 2805.70
5 Medicare wage	s and tips 45253.20	6 Medica	re tax withh	eld 656.17
d Control number	Dept.	Corp.	Employer	use only
000103 LOSA/	7AH TECHOL		т	15

c Employer's name, address, and ZIP code

HAMMOQ PO BOX #13058 SCOTTSDALE AZ 85267

b	Employer's FED ID number 85-3411757	a Employee's SSA number XXX-XX-8237				
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 pay				
-16	Employee's name address a	and ZID code				

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

LEELA KISHAN KOLLA 17642 N 23RD AVENUE PHOENIX AZ 85023

	Employer's state ID no. 85-3411757	16	State	wages,	tips, etc. 45253.20
17 State	income tax	18	Local	wages,	tips, etc.
19 Local	income tax	20	Local	ity nam	е

AZ.State Reference Wage and Tax

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

1	Wages, tips, other c	omp.	2	Federal income tax withheld		
	452	53.20			4	709.87
3	Social security wage 452!	4	Social security tax withheld 2805.70			
5	Medicare wages and 452!	tips 53.20	6	Medica	re tax withhe	eld 656.17
d	Control number	Dept.		Corp.	Employer	use only
00	0103 LOSA/7AH	TECHOL			T	15

c Employer's name, address, and ZIP code

HAMMOQ PO BOX #13058 SCOTTSDALE AZ 85267

b	Employer's FED ID number	a Employee's SSA number			
	85-3411757	XXX-XX-8237			
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 pay			
1		1 1			

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

LEELA KISHAN KOLLA 17642 N 23RD AVENUE PHOENIX AZ 85023

1								
15 State	Employer's	state I	ID no.	16	State	wages,	tips, etc.	
AZ	85-34117	57					45253	. 20
17 State	income tax			18	Local	wages,	tips, etc.	
19 Local	income tax			20	Local	ity nam	е	

AZ.State Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's State Incom