## 2022 W-2 and EARNINGS SUMMARY

W-2 Wage and Tax 2022

d Control number Dept.
001614 SANF/JET 000DLV

orp. Employer use only

Employer's name, address, and ZIP code
IBASE OF FAIRFIELD COUNT
Y LLC
1200 US 22 - BOX 15
BRIDGEWATER TOWNSH NJ 08807

Batch #02850

ef Employee's name, eddress, and ZIP code SHASHIDHARA SREENIVASA 3607 DOLORES WAY CONCORD CA 94519

b Employer's FED ID number 06-1489738	a Employee's SSA number XXX - XX - 7040			
1 Wages, tips, other comp.	2 Federal income tax withheld			
21745.14	3152.88			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
	DD 1493.10			
14 Other	12B			
239.20 SDI	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
15 State Employer's state ID of CA 296-1390 8	no. 16 State wages, tips, etc. 21745 . 14			
17 State income tax 1350.14	18 Local wagen, tips, etc.			
19 Local income tax	20 Locality name			

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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	22,061.52	22,061.52	22,061.52	22,061.52
Less Other Cafe 125	316.38	316.38	316.38	316.38
Less Exempt Wages	N/A	21,745.14	21,745.14	N/A
Reported W-2 Wages	21,745.14	0.00	0.00	21,745.14

2. Employee Name and Address.

SHASHIDHARA SREENIVASA 3607 DOLORES WAY CONCORD CA 94519

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1	Wages, tips, other c	omp. 45.14	2 Federa	l income t	ax withheld 3152.88
3	Social security wag	es	4 Social	security t	ax withheld
5	5 Medicare wages and tips		6 Medica	are tax wit	hheld
d	Control number	Dept.	Corp.	Emplo	yer use only
0	01614 SANF/JET	000DLV		T	637

Employer's name, address, and ZIP code
IBASE OF FAIRFIELD CCUNT
Y LLC
1200 US 22 - BOX 15
BRIDGEWATER TOWNSH NJ 08807

b Employer's FED ID numb 06-1489738	ber a Employee's SSA number XXX - XX - 7040
7 Social security tips	8 Allocated tips
0	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 1493.10
14 Other	12b
239.20 SDI	12c
238.20 304	12d
	13 Stat emp. Ret. plan 3rd party sick pay

SHASHIDHARA SREENIVASA 3607 DOLORES WAY CONCORD CA 94519

15 State CA	Employer's state ID no. 296-1390 8	16 State wages, tips, etc. 21745 , 14
17 State	income tax 1350.14	18 Local wages, tips, etc.
19 Loca	income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax 2022

Statement OMB No. 1545-0008

The be filed with employee's Federal Income Tax Return.

				3152.88
3	Social security wag	es	4 Socia	al security tax withheld
5	Medicare wages an	d tips	6 Medi	care tax withheld
d	Control number	Dept.	Corp.	Employer use only
00	001614 SANF/JET 000DLV			T 637

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IBASE OF FAIRFIELD COUNT Y LLC 1200 US 22 - BOX 15 BRIDGEWATER TOWNSH NJ 08807

b	Employer's FED ID number 06-1489738	a Employee's SSA number XXX - XX - 7040		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a DD <sub>1</sub> 1493.10		
14	Other	12b		
	239.20 CA SDI	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code SHASHIDHARA SREENIVASA 3607 DOLORES WAY CONCORD CA 94519

15 State Employer's state ID CA 296-1390 8	no. 16 State wages, tips, etc. 21745.14
17 State income tax 1350.14	
19 Local income tax	20 Locality name

CA. State Reference Copy

W-2 Wage and Tax 2022

Statement

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

1 Wages, tips, other comp. 21745 . 14		2	Federa	al income	tax withheld 3152.88	
3	Social security wages		4	Social	security	tax withheld
5	Medicare wages and tips		6	Medica	are tax wi	thheid
d	Control number	Dept.	H	Corp.	Empl	oyer use only
00	1614 SANF/JET	OOODLV			T	637
c	Employer's name, a	ddress, ar	nd	ZIP cod	e	

IBASE OF FAIRFIELD COUNT Y LLC 1200 US 22 - BOX 15 BRIDGEWATER TOWNSH NJ 08807

8 Allocated tips 10 Dependent care benefits
12-
DD <sub> </sub> 1493.10
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick

SHASHIDHARA SREENIVASA 3607 DOLORES WAY CONCORD CA 94519

15 C	State A	Employer's state ID no. 296-1390 8	16	State wages, tips, etc. 21745 . 14
17	State	1350.14	18	Local wages, tips, etc.
19	Loca	income tax	20	Locality name

CA.State Filing Copy

Wage and Tax 2022

Statement Office No. 1545-0008