2022 W-2 and EARNINGS SUMMARY



Employee Reference C W-2 Wage and Tax Statement

 Copy C for employee's records.
 Copt.
 Corp.
 Employer use only

 d Control number
 Dept.
 Corp.
 Employer use only

 0 0 0 0 6 2
 K7 / CAV
 A
 15

Employer's name, address, and ZIP code

MULTIEDGE INC 100 EAST ROYAL LANE SUITE T-155 IRVING, TX 75039

Batch #91002

e/f Employee's name, address, and ZIP code GNANA MOHAN REDDY NARAPAREDDY 2411 W HICKORY ST APT 13-302

DENTON, TX 76201 a Employee's SSA number XXX-XX-2832 b Employer's FED ID number 81-2784221 Wages, tips, other comp. Federal income tax withheld 34944.00 5307.68 4 Social security tax withheld 3 Social security wages 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 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

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
Box 1 of W-2 Box 3

Social Security Medicare Wages Wages Box 3 of W-2 Box 5 of W-2

 34,944.00
 34,944.00
 34,944.00

 34,944.00
 0.00
 0.00

2. Employee Name and Address.

GNANA MOHAN REDDY NARAPAREDDY 2411 W HICKORY ST APT 13-302 DENTON, TX 76201

Federal income tax withheld

4 Social security tax withheld

5307.68

© 2022 ADP, Inc.

Wages, tips, other comp

Social security wages

34944.00

Gross Pav

Reported W-2 Wages

Wages, tips, other comp. 34944.00		2 Federal income tax withheld 5307.68					
3 Social security wage	Social security wages		4 Social security tax withheld				
Medicare wages and tips		6 Medicare tax withheld					
d Control number	Dept.	Corp.	Employer	use only			
000062 K7/CAV			Α	15			
c Employer's name, address, and ZIP code							

Employer's name, address, and ZIP code

MULTIEDGE INC 100 EAST ROYAL LANE SUITE T-155 IRVING, TX 75039

b Employer's FED ID number 81-2784221	a Employee's SSA number XXX-XX-2832					
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 par					
e/f Employee's name, address a GNANA MOHAN REDDY NA 2411 W HICKORY ST						
APT 13-302						
DENTON, TX 76201						
15 State Employer's state ID no	o. 16 State wages, tips, etc.					
17 State income tax	18 Local wages, tips, etc.					

Federal Filing

Copy B to be filed with employee's Federal Income Tax Return

Wage and Tax

Statement

20 Locality name

Copy

19 Local income tax

d Control number Dept. 000062 K7/CAV	Corp.	Employer use only A 15
Employer's name, address,	and ZIP cod	de
MULTIEDGE IN 100 EAST ROY SUITE T-155 IRVING, TX 750	AL LAI	NE
Employer's FED ID number 81-2784221		yee's SSA number XXX-XX-2832
Social security tips	8 Alloca	ted tips
9	10 Depen	dent care benefits
11 Nonqualified plans	12a	ı
14 Other	12b	
	12c	
	12d	
	13 Stat em	p. Ret. plan 3rd party sick pa
e/f Employee's name, address a GNANA MOHAN REDDY NA 2411 W HICKORY ST APT 13-302 DENTON, TX 76201		
15 State Employer's state ID no	o. 16 State	wages, tips, etc.
17 State income tax	18 Local	wages, tips, etc.
		ty name

Statement

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

	1 Wages, tips, other comp. 34944.00		2 Federal income tax withhele 5307.6					
3	Social security wages		4	Social	se	curity	tax w	ithheld
5	Medicare wages and tips		6	Medicare tax withheld				
d	Control number	Dept.		Corp.		Emplo	yer	use only
00	0062 K7/CAV				1	Α		15
	MULTIEDGE 100 EAST SUITE T-1: IRVING, T	ROYA		LAI	۱E			
b	Employer's FED ID I		а			's SSA		
7	Social security tips		8	Alloca	ted	tips		
NOV.	///////////./././.							C+-
9			10	Depend	den	t care	bene	rits
	Nonqualified plans		10 12		den	t care	bene	erits
11	Nonqualified plans Other			a 	den	t care	bene	ents
11			12	a 	den	t care	bene	erits
11			12	a b	den	t care	bene	mits
11			12 12 12	a b c				arty sick

15 State Employer's state ID no. 16 State wages, tips, etc.

City or Local Reference

Statement

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

Wage and Tax

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax