2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Corp. R4/FLJ

Employer use only

Employer's name, address, and ZIP code

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

Batch #90407

e/f Employee's name, address, and ZIP code SHARATH CHANDRA BOINI 8421 ISLESWORTH CT APT 14103

FL 34243 SARASOTA,

Employer's FED ID number a Employee's SSA number 46-5582856 XXX-XX-4674 Wages, tips, other comp. Federal income tax withheld 44000.00 8396.92 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 8 Allocated tips 7 Social security 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. 440-5582856 000 4400 44000.00 17 State income tax 8 Local wages, tips, etc. 2178.00 19 Local income tax 20 Locality name

Wages, tips, other con Federal income tax withheld 44000.00 8396.92 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000259 R4/FLJ 32

Employer's name, address, and ZIP code TEKINVADERZ LLC

2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674		
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	e/f Employee's name, address and ZIP code			

SHARATH CHANDRA BOINI 8421 ISLESWORTH CT APT 14103

SARASOTA, FL 34243

15 State	Employer's state ID no. 46-5582856 000	16 State wages, tips, etc. 44000.0	0
17 State	income tax 2178.00	18 Local wages, tips, etc.	
19 Local	income tax	20 Locality name	
	Foderal Fili	ina Canu	

Federal Filing Copy 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 IL. State Wages, Compensation Wages Wages Tips, Etc. Box 16 of W-2 Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

Gross Pay 44,000.00 44,000.00 44,000.00 44,000.00 Reported W-2 Wages 44,000.00 0.00 0.00 44,000.00

2. Employee Name and Address.

SHARATH CHANDRA BOINI 8421 ISLESWORTH CT APT 14103 SARASOTA, FL 34243

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Wages, tips, other of 440	2 Federal income tax withheld 8396.92			
Social security wag	4 Social	security tax	withheld	
5 Medicare wages and tips		6 Medica	re tax withh	eld
Control number	Dept.	Corp.	Employer	use only
0259 R4/FLJ				32
	Social security wag Medicare wages and Control number	Control number Dept.	Social security wages 4 Social Medicare wages and tips 6 Medica Control number Dept. Corp.	Social security wages 4 Social security tax Medicare wages and tips 6 Medicare tax withh Control number Dept. Corp. Employer

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674
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

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

SHARATH CHANDRA BOINI 8421 ISLESWORTH CT APT 14103 SARASOTA, FL 34243

15 State	Employer's state ID no. 46-5582856 000	16 State wages, tips, etc. 44000.00
17 State	income tax	18 Local wages, tips, etc.
	2178.00	
19 Local	income tax	20 Locality name
	II Otata Dat	

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

1 Wages, tips, other comp. 44000.00			2	Federa	l income tax withheld 8396.92
3 Social security wages			4	Social	security tax withheld
5 Medicare wages and tips			6	Medica	re tax withheld
d	Control number	Dept.		Corp.	Employer use only
00	0259 R4/FLJ				32

c Employer's name, address, and ZIP code

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674
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

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

SHARATH CHANDRA BOINI 8421 ISLESWORTH CT APT 14103 SARASOTA, FL 34243

15 	State	Employer's state ID 46-5582856 00	no. 16	State	wages,	tips, etc. 44000.00
17	State	income tax	18	Local	wages,	tips, etc.
		2178.00)			
19	Local	income tax	20	Local	ity nam	е

IL.State Filing Сору Wage and Tax

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

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only

R4/FLJ Employer's name, address, and ZIP code

> TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

> > Batch #90407

e/f Employee's name, address, and ZIP code SHARATH CHANDRA BOINI 8421 ISLES WORTH COURT APT 14103

SARASOTA, FL 34243 Employer's FED ID number a Employee's SSA number 46-5582856 XXX-XX-4674 Wages, tips, other comp. Federal income tax withheld 68400.00 9624.06 Social security wages Social security tax withheld 68400.00 4240.80 Medicare wages and tips 6 Medicare tax withheld 68400.00 991.80 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

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

Gross Pay Reported W-2 Wages

68,400.00 68,400.00

68,400.00 68,400.00

68,400.00 68,400.00

2. Employee Name and Address.

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1 Wages, tips, other comp. 68400.00			2 Federa	income ta	withheld 9624.06
3 Social security wages 68400.00			4 Social	security tax	withheld 4240.80
5 Medicare wages and tips 68400.00			6 Medica	re tax withh	eld 991.80
d	Control number	Dept.	Corp.	Employer	use only
00	00351 R4/FLJ			Α	33
c. Employer's name address and ZIP code					

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674
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	nd ZIP code

SHARATH CHANDRA BOINI 8421 ISLES WORTH COURT APT 14103

SARASOTA, FL 34243

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 comp. 68400.00			2 Federal income tax withheld 9624.06			
3 Social security wages 68400.00			4 Social	security tax	withheld 4240.80	
5	Medicare	wages and 6840	tips 00.00	6 Medica	re tax withh	eld 991.80
d	Control n	umber	Dept.	Corp.	Employer	use only
00	0351	R4/FLJ			Α	33

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674
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

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

SHARATH CHANDRA BOINI 8421 ISLES WORTH COURT APT 14103 SARASOTA, FL 34243

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

State Reference Wage and Tax Statement

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

wages,	tips, other c		2	Federa	l income tax 9		
Social s	security wage 6840	es 00.00	4	Social			
Medicar	e wages and 6840	tips 00.00	6	Medica			.80
Control	number	Dept.		Corp.	Employer	use	only
0351	R4/FLJ				Α		33
	Medicar	Social security wage 6844 Medicare wages and 6844 Control number	68400.00 Medicare wages and tips 68400.00 Control number Dept.	Social security wages	Social security wages 68400.00 Medicare wages and tips 68400.00 Control number Dept. Corp.	Social security wages 68400.00 4 Social security tax 4 4 Medicare wages and tips 68400.00 6 Medicare tax withher Control number Dept. Corp. Employer	Social security wages 68400.00 Medicare wages and tips 68400.00 Control number Dept. Social security tax withhed 4240 Medicare tax withheld 991 Corp. Employer use

c Employer's name, address, and ZIP code

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4674					
Social security tips	8 Allocated tips					
	10 Dependent care benefits					
Nonqualified plans	12a					
Other	12b					
	12c					
	12d					
	13 Stat emp. Ret. plan 3rd party sick pa					
	46-5582856 Social security tips Nonqualified plans					

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

SHARATH CHANDRA BOINI 8421 ISLES WORTH COURT APT 14103 SARASOTA, FL 34243

15	State	Employer's	state ID no.	16	S State wages, tips, etc.
17	State	income tax		18	3 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