



**W-2** Wage and Tax Statement  
 Copy C for employee's records. OMB No. 1545-0008  
**2022**

d Control number 000259 Dept. R4/FLJ Corp. Employer use only 32

c 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**  
**SARASOTA, FL 34243**

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

1 Wages, tips, other comp. 44000.00 2 Federal income tax withheld 8396.92

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

14 Other 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

15 State IL Employer's state ID no. 46-5582856 000 16 State wages, tips, etc. 44000.00

17 State income tax 2178.00 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	IL State Wages, Tips, Etc. Box 16 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.

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**W-2** Wage and Tax Statement  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008  
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**2022**



**W-2** Wage and Tax Statement  
 Copy C for employee's records.  
 OMB No. 1545-0008  
**2022**

d Control number 000351 Dept. R4/FLJ Corp. A Employer use only 33

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**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**

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

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 tips 68400.00 6 Medicare tax withheld 991.80

7 Social security tips 8 Allocated tips

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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	68,400.00	68,400.00	68,400.00
Reported W-2 Wages	68,400.00	68,400.00	68,400.00

2. Employee Name and Address.

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**W-2** Wage and Tax Statement  
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**W-2** Wage and Tax Statement  
 Copy 2 to be filed with employee's City or Local Income Tax Return.  
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