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 VAMSHI SAGAR GADDE

3224 ARDEN VILLAS BLVD

ORLANDO, FL 32817 Employer's FED ID number a Employee's SSA number 46-5582856 XXX-XX-6107 Wages, tips, other comp. Federal income tax withheld 103200.00 15517.02 Social security wages Social security tax withheld 103200.00 6398.40 Medicare wages and tips 6 Medicare tax withheld 1496.40 103200.00 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 103,200.00 103,200.00

103,200.00 103,200.00

103,200.00 103,200.00

2. Employee Name and Address.

VAMSHI SAGAR GADDE 3224 ARDEN VILLAS BLVD APT 9 ORLANDO, FL 32817

© 2022 ADP, Inc.

1 Wages, tips, other comp 103200.	2 Federal income tax withheld 15517.02			
3 Social security wages 103200.	4 Social security tax withheld 6398.40			
5 Medicare wages and tip 103200.	s 00	6 Medica	re tax withh	eld 1496.40
d Control number D	ept.	Corp.	Employer	use only
000300 R4/FLJ			Α	71
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-6107
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 ar	nd ZIP code

VAMSHI SAGAR GADDE 3224 ARDEN VILLAS BLVD APT 9

ORLANDO, FL 32817

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 103200.		2 Federal income tax withheld 15517.02			
3 Social security wages 103200.	.00	4 Social security tax withheld 6398.40			
Medicare wages and tip 103200.		Medica	re tax withh	eld 496.40	
d Control number	Dept.	Corp.	Employer	use only	
000300 R4/FLJ			Α	71	

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-6107
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	and ZID code

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

VAMSHI SAGAR GADDE 3224 ARDEN VILLAS BLVD APT 9 ORLANDO, FL 32817

ı						
	15	State	Employer's	state ID no.	16	State wages, tips, etc.
	17	State	income tax		18	Local wages, tips, etc.
ĺ	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

1	Wages,	tips, other c		2	Federa	income tax 15	withheld 517.02
3	Social s	security wage		4	Social	security tax	withheld 398.40
5	Medicar	e wages and 1032	tips 00.00	6	Medica	re tax withhe	^{ld} 496.40
d	Control	number	Dept.		Corp.	Employer	use only
00	00800	R4/FLJ				Α	71
_	Emplaye		44,000 00		71D aad	_	

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-6107				
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 page				

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

VAMSHI SAGAR GADDE 3224 ARDEN VILLAS BLVD APT 9 ORLANDO, FL 32817

		- ,			
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

or Local Reference Wage and Tax

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