2022 W-2 and EARNINGS SUMMARY



Employee Reference
W-2 Wage and Tax
Statement
Copy C for employee's records.

Copy
Copy C for employee's records.

> NTHLINE SOLUTIONS LLC 1740 GRASSLAND PARKWAY SUITE 306 ALPHARETTA, GA 30004

> > Batch #99032

use only

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

SRINIVAS VEERLA 914 WINDRIDGE DR ATLANTA, GA 30350

b	Emplo	yer's FE 47-46	D ID number 38869	а	Emplo		e's SSA		
1	Wages	s, tips, o	ther comp.	2 Federal income tax withheld					
			52678.59					3876	.05
3	Social	security	wages	4	Socia	ls	security	tax with	held
			52678.59					3266	.07
5	Medica	are wage	s and tips	6	Medic	are	e tax wi	thheld	
			52678.59					763	3.84
7	Social	security	tips	8	Alloca	ate	d tips		
9				10	Depen	de	nt care	benefits	
11	Nonqu	alified p	ans	12	a See in	str	uctionsfo	r box 12	
1/	14 Other			12					
14	Other	Other			С	<u> </u>			
				120		L			
				13	Stat er	np.	Ret. plan	3rd party	sick pay
15	State	Employe	r's state ID no	. 16	State	wa	ages, tip	s, etc.	
(GΑ	346000)8-HV					52678	3.59
17	State	income ta	ax	18	Local	w	ages, tip	s, etc.	
			2868.22						
19	Local	income t	ax	20	Local	ity	name		

1 Wages, tips, other comp. 52678.59 2 Federal income tax withheld 3876.05
3 Social security wages 52678.59 4 Social security tax withheld 3266.07
5 Medicare wages and tips 52678.59 6 Medicare tax withheld 763.84
d Control number Dept. Corp. Employer use only 000020 KC/KZG 21
C Employer's name, address, and ZIP code

NTHLINE SOLUTIONS LLC 1740 GRASSLAND PARKWAY SUITE 306

ALPHARETTA, GA 30004

b	Employer's FED ID number 47-4638869	a Employee's SSA number XXX-XX-5280							
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 and ZIP code

SRINIVAS VEERLA 914 WINDRIDGE DR ATLANTA, GA 30350

15	State SA	Employer's state ID no. 3460008-HV	16 State wages, tips, etc. 52678.59
17	State	income tax 2868.22	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name
		Federal Fili	ina Copy

Federal Filing Copy

Wage and Tax 2022

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 GA. State Wages, Wages Wages Box 16 of W-2 Box 3 of W-2 Box 5 of W-2 Box 1 of W-2 Gross Pay 52,678.59 52,678.59 52,678.59 52,678.59 Reported W-2 Wages 52,678.59 52,678.59 52,678.59 52,678.59

2. Employee Name and Address.

SRINIVAS VEERLA 914 WINDRIDGE DR ATLANTA, GA 30350

© 2022 ADP, Inc.

Wages, tips, other comp. 52678.59	2 Federal inc	ome tax withheld 3876.05	Wages, tips, other comp. 52678.59							
3 Social security wages 52678.59	4 Social secu	rity tax withheld 3266.07	3 Social security wages 52678.59							
5 Medicare wages and tips 52678.59	6 Medicare tax withheld 763.84			5 Medicare wages and tips 52678.59						
d Control number Dept.	Corp. E	mployer use only	d	Control number	De					
000020 KC/KZG		21	00	0020 KC/KZG						
c Employer's name, address, a	nd ZIP code		С	Employer's name, a	ddress					
NTHLINE SOLUT 1740 GRASSLAN SUITE 306 ALPHARETTA,		-		NTHLINE 1740 GRA SUITE 306 ALPHARET	5					
b Employer's FED ID number 47-4638869 a Employee's SSA number XXX-XX-5280				b Employer's FED ID number 47-4638869						
7 Social security tips	8 Allocated to	ps	7	Social security tips						
9	10 Dependent	care benefits	9							
11 Nonqualified plans	12a		11	Nonqualified plans						
14 Other	12b 12c 12d 13 Stat emp. Ret.	plan 3rd party sick pay	14	Other						
e/f Employee's name, address a	e/f Employee's name, address									
SRINIVAS VEERLA 914 WINDRIDGE DR ATLANTA, GA 30350			91	RINIVAS VEER 4 WINDRIDGE FLANTA, GA	D					

15 State GA 3460008-HV 16 State wages, tips, etc. 52678.59

2868.22

GA.State Reference
Wage and Tax

Statement

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

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

52678	3876.05 4 Social security tax withheld 3266.07								
3 Social security wages 52678									
5 Medicare wages and t	ips 3.59	6 Medicare tax withheld 763.84							
d Control number	Dept.		Corp.		Emplo	yer	use only	,	
000020 KC/KZG				┸			21		
c Employer's name, add	lress, ar	nd 2	ZIP co	de					
NTHLINE S 1740 GRAS SUITE 306 ALPHARETT		D	PA	R	.LC KWAY 4	,			
b Employer's FED ID nu 47-4638869	ımber	а		X	e's SSA				
7 Social security tips		8 Allocated tips							
9		10	Depen	de	nt care	bene	efits		
11 Nonqualified plans		12	a	ı					
14 Other		121	0	 				_	
		120	:					_	
		120	t	<u> </u>				_	
		13	Stat er	np.	Ret. plan	3rd p	arty sick	pa	
e/f Employee's name, add SRINIVAS VEERL 914 WINDRIDGE ATLANTA, GA 3	A DR 0350								
15 State Employer's stat GA 3460008-HV	e ID no.					526	78.59)	
17 State income tax 2868	2 22	18	Local	W	ages, ti _l	ps, e	tc.		
19 Local income tax	,. <u></u>	20	Locali	ity	name			_	
GA.State	2 Fil	in/	, C	<u></u>	3 1/			_	
W_2 Was	ge ar	nd	Tax			02	22)	

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