2022 W-2 and EARNINGS SUMMARY



Employee Reference
W-2 Wage and Tax
Statement
Copy C for employee's records.
d Control number Dept. Corp. Employer use only
000037 K7/FLD Employer use only
A 4

Employer's name, address, and ZIP code

ELEVAX TECHNOLOGIES INC

4740 14TH ST SUITE T3

PLANO, TX 75074

Batch #90062

e/f Employee's name, address, and ZIP code
MANIPRAKASAM KULOTHUNGAN
1511 POND GLEN WAY
APT 202

CARY, NC 27519 Employer's FED ID number a Employee's SSA number 47-1325443 XXX-XX-1958 Wages, tips, other comp. Federal income tax withheld 121448.00 15870.59 Social security wages Social security tax withheld 121448.00 7529.78 Medicare wages and tips 6 Medicare tax withheld 121448.00 1761.00 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. NC 601188184 26486.00 17 State income tax 18 Local wages, tips, etc. 1186.00 19 Local income tax 20 Locality name

1 Wages, tips, other comp.
121448.00
2 Federal income tax withheld
15870.59
3 Social security wages
121448.00
4 Social security tax withheld
7529.78
5 Medicare wages and tips
121448.00
6 Medicare tax withheld
1761.00
d Control number
000037 K7/FLD
Corp. Employer use only
A

Employer's name, address, and ZIP code

ELEVAX TECHNOLOGIES INC
4740 14TH ST SUITE T3
PLANO, TX 75074

b	Employer's FED ID number 47-1325443	a Employee's SSA number XXX-XX-1958
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

MANIPRAKASAM KULOTHUNGAN 1511 POND GLEN WAY APT 202

CARY, NC 27519

15 State NC	Employer's state ID no. 601188184	16 State wa	ages,	tips, etc. 26486.00
17 State	income tax	18 Local w	ages,	tips, etc.
	1186.00			
19 Local	income tax	20 Locality	name	1

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 Compensation Wages Wages Wages Wages Wages Tips, Etc.

Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

 Gross Pay
 121,448.00
 121,448.00
 121,448.00
 26,486.00

 Reported W-2 Wages
 121,448.00
 121,448.00
 121,448.00
 26,486.00

2. Employee Name and Address.

MANIPRAKASAM KULOTHUNGAN 1511 POND GLEN WAY APT 202 CARY, NC 27519

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1 Wages, tips, other comp. 121448.00			2 Federal income tax withheld 15870.59			
3 Social security wages 121448.00		4 Social security tax withheld 7529.78				
5 Medicare wages and tips 121448.00		6 Medicare tax withheld 1761.00				
d	Control nu	mber	Dept.	Corp.	Employer	use only
00	0037	K7/FLD			Α	4
c Employer's name, address, and ZIP code						

ELEVAX TECHNOLOGIES INC 4740 14TH ST SUITE T3 PLANO, TX 75074

b	Employer's FED ID number 47-1325443	a Employee's SSA number XXX-XX-1958				
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				
		To Stat emp. Net. plant Stu party sick				

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

MANIPRAKASAM KULOTHUNGAN 1511 POND GLEN WAY APT 202 CARY, NC 27519

	Employer's state ID no. 601188184	16	State	wages,	tips, etc. 26486.00
17 State	income tax	18	Local	wages,	tips, etc.
1186.00					
19 Local	income tax	20	Local	ity nam	e

NC.State Reference Copy
Wage and Tax
Statement
Copy2 to be filed with employee's State Income Tax
Return.

1 Wages, tips, other comp. 121448.00			2	2 Federal income tax withheld 15870.59			
3 Social security wages 121448.00			4 Social security tax withheld 7529.78				
5 Medicare wages and tips 121448.00			6	6 Medicare tax withheld 1761.00			
d	Control number	Dept.		Corp.	Employer	use only	
00	0037 K7/FLD				Α	4	
С	c Employer's name, address, and ZIP code						

ELEVAX TECHNOLOGIES INC 4740 14TH ST SUITE T3 PLANO, TX 75074

b	Employer's FED ID number 47-1325443	a Employee's SSA number XXX-XX-1958				
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

MANIPRAKASAM KULOTHUNGAN 1511 POND GLEN WAY APT 202 CARY, NC 27519

15 N	State IC	Employer's state ID no. 601188184	16	State wages, tips, etc. 26486.00
17	State	income tax	18	Local wages, tips, etc.
		1186.00		
19	Local	income tax	20	Locality name
			1	

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