

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

Employer use only

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

d Control number

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

Corp.

Batch #90407

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

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

b	Emplo	yer's FED I 46-5582		а	Emple		e's SS/		
1	Wages	, tips, othe	r comp.	2	Feder	al	income	tax wit	hheld
	60500.00							758	4.73
3	Social	security w	ages	4	Socia	ls	security	tax with	nheld
5	Medica	are wages	and tips	6	Medic	are	e tax wi	thheld	
7	Social security tips		8 Allocated tips						
9			10 Dependent care benefits					3	
11	1 Nonqualified plans				str 	uctionsfo	r box 12		
14	Other			12		<u> </u>			
		170 0	O CTPL	12		_			
		15.90		12		<u> </u>			
				13	Stat er	np.	Ret. plan	3rd part	y sick pay
15	5 State Employer's state ID no. TOTAL STATE		o. 16 State wages, tips, etc.						
17 State income tax			18 Local wages, tips, etc.						
			3190.15					2650	0.00
19 Local income tax 265.00			20 Locality name 460901						

1 Wages, tips, other comp 60500.				
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
d Control number De	ept. Corp. Employer use only			
000281 R4/FLJ	91			
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-4976					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
	170.00 CTPL	12c					
	15.90 SUI	12d					
		13 Stat emp Ret. plan 3rd party sick pay					
e/f Employee's name, address and ZIP code							

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15	State	Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17	State	income tax 3190.15	18 Local wages, tips, etc. 26500.00
19	Local	income tax 265.00	20 Locality name 460901
		Federal Fili	C

Wage and Tax Statement

OMB
Copy B to be filed with employee's Federal Income Tax Ret

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 CT. State Wages, Compensation Wages Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2

60,500.00 60,500.00 60,500.00 34,000.00 Gross Pav Reported W-2 Wages 60,500.00 0.00 0.00 34,000.00

2. Employee Name and Address.

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

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1 Wages, tips, other c 6050	2 Federal income tax withheld 7584.73				
3 Social security wage	4 Social	security tax	withheld		
5 Medicare wages and	6 Medica	re tax withh	eld		
d Control number	Dept.	Corp.	Employer	use only	
000281 R4/FLJ				91	
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-4976
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	170.00 CTPL	12c
	11000 011 2	12d
		13 Stat emp Ret. plan 3rd party sick pay

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

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15	State CT	Employer's 72468739	state II 9-000		_			
17	7 State	income tax			18	Local	wages,	tips, etc.
		2	376.6	0				
19	Local	income tax			20	Local	ity nam	e

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

1	1 Wages, tips, other comp. 60500.00			Federa	I income tax withheld 7584.73	
3	3 Social security wages			Social	security tax withheld	
5	5 Medicare wages and tips			Medica	re tax withheld	
d	d Control number Dept.			Corp.	Employer use only	
000281 R4/FLJ					91	
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-4976
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	170.00 CTPL	12c
	170.00 011 2	12d
		13 Stat emp. Ret. plan 3rd party sick pa

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

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15 State CT	Employer's state ID no. 72468739-000	16	State wages, tips, etc. 34000.00
17 State	income tax	18	Local wages, tips, etc.
	2376.60		
19 Local	income tax	20	Locality name

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



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

Corp. 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

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

b	Employer's FED 46-558		а	Emplo		e's SS		
1	Wages, tips, oth	ner comp.	2	Feder	al	income	tax	withheld
		60500.00					7	7584.73
3	Social security	wages	4	Socia	l s	ecurity	tax	withheld
5	Medicare wages	and tips	6	Medic	are	e tax w	ithh	eld
7	Social security	tips	8	Alloca	ite	d tips		
9			10	Deper	ıde	nt care	be	nefits
11	Nonqualified pla	ins	12a	See in	str	uctionsf	or be	ox 12
14	Other		12k					
'~		90 SUI	12c					
	10.	30 001	120		Ц,		_	
			13	Stat er	np.	Ret. pla	3rd	l party sick p
	State Employer 2001 6		16	State	wa	iges, ti		etc. 6500.00
17	State income tax	813.55	18	Local	W	ages, ti		etc. 6500.00
19	Local income ta	× 265.00	20	Locali		name 16090	1	

2 Federal income tax withheld Wages, tips, other comp 60500.00 7584.73 3 Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000281 R4/FLJ 92 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-4976						
7	Social security tips	8 Allocated tips						
9		10 Dependent care benefits						
11	Nonqualified plans	12a See instructions for box 12						
14	Other	12b						
	15.90 SUI	12c						
		12d						
		13 Stat emp Ret. plan 3rd party sick pay						
0/6	of Employee's name address and ZIP code							

f Employee's name, address and ZIP code

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15 State Employer's state ID no. 2001 6831	16 State wages, tips, etc. 26500.00
	18 Local wages, tips, etc.
813.55	26500.00
19 Local income tax	20 Locality name
265.00	460901
PA.State Fili	ng Copy
	0 17

Wage and Tax Statement

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.

PA. State Wages, 460901 Tips, Etc. Box 16 of W-2

Local Wages, Tips, Etc. Box 18 of W-2

26,500.00

26,500.00

26,500.00

26,500.00

Gross Pav Reported W-2 Wages

2. Employee Name and Address.

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

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1	Wages, tips, other of	omp. 00.00	2 Federal income tax withheld 7584.73				
3 Social security wages			4 Social security tax withheld				
5 Medicare wages and tips			6 Medica	re tax with	held		
d	Control number	Dept.	Corp.	Employer	use only		
00	00281 R4/FLJ				92		
С	Employer's name, a	ddress, ar	nd ZIP cod	e			
	TEKINIVADEDZ LLC						

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

Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4976				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
Nonqualified plans	12a				
Other	12b				
15 90 SIII	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pa				
	46-5582856 Social security tips				

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15 State Employer's state ID no. 2001 6831	16 State wages, tips, etc. 26500.00
17 State income tax	18 Local wages, tips, etc.
042 55	20500.00
813.55	26500.00
19 Local income tax	20 Locality name
265.00	460901
City or Local	Reference Copy
	

Wage and Tax

Statement

1	Wages, tips, other of	omp. 00.00	2 Federa	7584.73
3	Social security wag	es	4 Social	security tax withheld
5	Medicare wages and	d tips	6 Medica	re tax withheld
d	Control number	Dept.	Corp.	Employer use only
00	0281 R4/FLJ			92
С	Employer's name, a	ddress, ar	nd ZIP cod	e

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-4976
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	15.90 SUI	12c
	10.00	12d
		13 Stat emp. Ret. plan 3rd party sick

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

PRANAY KALLEM 415 SOUTH PARK AVENUE EAGLEVILLE, PA 19403

15 State Employer's state ID no.	16 State wages, tips, etc.
PA 2001 6831	26500.00
17 State income tax	18 Local wages, tips, etc.
813.55	26500.00
19 Local income tax	20 Locality name
265.00	460901
City or Local	Filing Copy

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

2022 W-2 and EARNINGS SUMMARY



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

d Control number Corp. 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

PRANAY KALLEM 160 ILLINOIS BOULEVARD HOFFMAN ESTATES, IL 60169

b	Emplo	yer's FED II 46-55828		ber	а	Emple		e's XX-				
1	Wages	s, tips, other	comp	э.	2	Feder	al	incor	ne	tax	withh	eld
		16	500.	00						2	123.	35
3	Social	security wa	ges		4	Socia	l s	ecuri	ty	tax v	withh	eld
		16	500.	00						10	023.	00
5	Medic	are wages a 16	nd tip 500.		6	Medic	are	e tax	wit		^{ld} 239.	25
7	Social	security tip	s		8	Alloca	ateo	d tip:	s			
9					10	Depen	dei	nt ca	re	bene	efits	
11 Nonqualified plans			12a See instructions for box 12									
14	Other				121							
٠-	Other				120		<u> </u>					
				ļ.	120		<u> </u>					
					13	Stat er	mp	Ret. p	olan	3rd p	arty s	ick pay
15	State	Employer's	state	ID no.	16	State	wa	iges,	tip	s, et	c.	
	L	46-55828	56	000						16	500.	00
17	State	income tax			18	Local	Wa	ages,	tip	s, e	tc.	
			<u>816.</u>	75								
19	Local	income tax			20	Local	ity	nam	е			

1	Wages, tips, othe	r comp. 6500.00	2 Federa	I income tax withheld 2123.35
3	Social security w	ages 6500.00	4 Social	security tax withheld 1023.00
5	Medicare wages 1	and tips 6500.00	6 Medica	re tax withheld 239.25
d	Control number	Dept.	Corp.	Employer use only
00	00421 R4/FI	LJ T		A 93

c Employer's name, address, and ZIP code

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

b Emp	loyer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-4976
7 Socia	al security tips	8 Allocated tips
9		10 Dependent care benefits
11 None	ualified plans	12a See instructions for box 12
14 Othe	r	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f Emp	loyee's name, address a	and ZIP code

PRANAY KALLEM 160 ILLINOIS BOULEVARD HOFFMAN ESTATES, IL 60169

15 State E	imployer's state ID no. 6-5582856 000	16 State wages, tips	, etc. 16500.00
17 State in	come tax	18 Local wages, tips	s, etc.
	816.75		
19 Local in	ncome tax	20 Locality name	
	Federal Fili	ng Copy	

Wage and Tax Statement OMB
Copy B to be filed with employee's Federal Income Tax Ret 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.

16,500.00

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 5 of W-2 Box 1 of W-2 16,500.00 16,500.00 16,500.00 16,500.00

16,500.00

16,500.00

16,500.00

2. Employee Name and Address.

PRANAY KALLEM 160 ILLINOIS BOULEVARD HOFFMAN ESTATES, IL 60169

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Gross Pav

Reported W-2 Wages

1 Wages, tips, other comp. 16500.00			2 Federal income tax withheld 2123.35			
3	Social s		es 00.00	4 Social	security tax	withheld 1023.00
5	Medicar	e wages and 1650	tips 00.00	6 Medica	re tax withh	eld 239.25
d	Control	number	Dept.	Corp.	Employer	use only
00	0421	R4/FLJ			Α	93
С	Employe	r's name, a	ddroce a	ad ZID cod		

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-4976
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 s	ZID and

PRANAY KALLEM 160 ILLINOIS BOULEVARD HOFFMAN ESTATES, IL 60169

15 State Employer's state ID no. 46-5582856 000	16 State wages, tips, etc. 16500.00				
17 State income tax	18 Local wages, tips, etc.				
816.75					
19 Local income tax	20 Locality name				
IL.State Ref	erence Copy				
T = 7					

IL.S	State R	etere	nce	Cop	рy		
Ⅵ_ つ	Wage	and	Tax	2	N	22	2
V - Z	Statem	ent		OMB		1545-0008	
2 to be filed with	employee's	tate Inco	meTax	Return.	NO.	1343-0006	

1	Wages,	tips, other c	omp.	2	Federal	income tax	with	held	
	•	1650	00.00			2	123	.35	
				_					
3				4	Social security tax withheld				
		1650	00.00			1	023	.00	
5	Medicar	e wages and	d tips	6	Medica	re tax withh	eld		
-		165	00.00				239	.25	
d	Control	number	Dept.		Corp.	Employer	use	only	
00	0421	R4/FLJ				Α		93	
_	- Familiary de 1990 - 1								

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-4976				
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 pa				

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

PRANAY KALLEM 160 ILLINOIS BOULEVARD HOFFMAN ESTATES, IL 60169

15 State Employer's state ID no. 1L 46-5582856 000	16 State wages, tips, etc. 16500.00				
IL 10-3302030 000	10300.00				
17 State income tax	18 Local wages, tips, etc.				
816.75					
19 Local income tax	20 Locality name				
II Stata Eilin	a Conv				

state Filing Wage and Tax Statement

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