2022 W-2 and EARNINGS SUMMARY



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

Copy

d	Control	number	Dept.	(
(25870	PITT/RSF	0C1036	

Employer use only 338 Α

Employer's name, address, and ZIP code

ALTIMETRIK CORP 1000 TOWN CENTER STE 700 MI 48075-1220 SOUTHFIELD

Batch #02450

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

VINAYAKA BHASKARA RAO KANURI 2103 MAVERICK DRIVE MARYLAND HEIGHTS MO 63043

b	Emplo	yer's	FED II) numbe	r	а	Emplo	рує	e's SSA	A n	umbe	r
		38-	3456	423				Α	PPLIE	D	FO	2
1	Wages	s, tips	, other	comp.		2	Feder	al	income	tax	with	held
			5	446.6	1						671	.44
3	Social	secu	rity wa	iges		4	Socia	Is	security	tax	with	neld
			5	446.6	1						337	.69
5	Medica	are w	ages a	nd tips		6	Medic	are	e tax wi	thhe	eld	
ĺ			5	446.6	1						78	.98
7	Social	secur	rity tip	s		8	Alloca	ite	d tips			
9						10	Depen	de	nt care	ben	efits	
11	Nongu	alified	plans	3		12a See instructions for box 12						
	=		-		L		DD	_		7	35.	24
11	Other				-	12l		<u> </u>				
'	Other				L	120	;	_				
					L	120	t					
						13	Stat er	np.	Ret. plan	3rd	party	sick pay
15	State	Empl	oyer's	state ID	no.	16	State	wa	ages, tip	s, e	tc.	
1	OP	1730	5705	5						5	446	.61
17	State	incom	e tax			18	Local	w	ages, tip	s, e	etc.	
				221.0	0							
19	Local	incom	e tax			20	Locali	ty	name			

_							
1	Wages, tips, other c	2 Feder	2 Federal income tax withheld				
	54			671.44			
3	Social security wage 54	4 Socia	security tax	withheld 337.69			
5	5 Medicare wages and tips 5446.61			6 Medicare tax withheld 78.98			
d	Control number	Dept.	Corp.	Employer	use only		
025870 PITT/RSF 0C1036			A	338			

Employer's name, address, and ZIP code

ALTIMETRIK CORP 1000 TOWN CENTER STE 700 MI 48075-1220 SOUTHFIELD

b	Employer's EED ID number	a Employee's SSA number				
D	Employer's FED ID number					
	38-3456423	APPLIED FOR				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12 DD 735.24				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
L.	Employee's name address a	<u> </u>				

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

VINAYAKA BHASKARA RAO KANURI 2103 MAVERICK DRIVE MARYLAND HEIGHTS MO 63043

15 State	Employer's state ID no.	16 State wages, tips, etc.				
MO	17305705	5446.61				
17 State	income tax	18 Local wages, tips, etc.				
	221.00					
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 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	MO. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	5,480.77	5,480.77	5,480.77	5,480.77	
Less Other Cafe 125	34.16	34.16	34.16	34.16	
Reported W-2 Wages	5,446.61	5,446.61	5,446.61	5,446.61	

2. Employee Name and Address.

VINAYAKA BHASKARA RAO KANURI 2103 MAVERICK DRIVE MARYLAND HEIGHTS MO 63043

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1 Wages, tips, other comp.	2 Federa	2 Federal income tax withheld				
5446.61		671.44				
3 Social security wages 5446.61		4 Social security tax withheld 337.69				
5 Medicare wages and tips 5446.61	6 Medica	6 Medicare tax withheld 78.98				
d Control number Dept.	Corp.	Employer	use only			
025870 PITT/RSF 0C103	36	A	338			

ALTIMETRIK CORP CENTER STE 700 1000 TOWN SOUTHFIELD MI 48075-1220

b	Employer's FED ID number 38-3456423	a Employee's SSA number APPLIED FOR				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a DD 735.24				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

VINAYAKA BHASKARA RAO KANURI 2103 MAVERICK DRIVE MARYLAND HEIGHTS MO 63043

15 State	Employer's state ID no.	. 16 State wages, tips, etc.
MO	17305705	5446.61
17 State i	ncome tax	18 Local wages, tips, etc.
	221.00	
19 Local	income tax	20 Locality name

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

1	Wages, tips, other comp. 5446.61			Federal	income tax	withheld 671.44
3	Social security wages 5446.61			Social	security tax	withheld 337.69
5	Medicare wages and tips 5446.61			Medica	re tax withh	eld 78.98
d	Control number	Dept.		Corp.	Employer	use only
02	5870 PITT/RSF	0C1036			A	338

c Employer's name, address, and ZIP code

ALTIMETRIK CORP CENTER STE 700 1000 TOWN MI 48075-1220 SOUTHFIELD

b	Employer's FED ID number	a Employee's SSA number				
	38-3456423	APPLIED FOR				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a DD 735.24				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
1						

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

VINAYAKA BHASKARA RAO KANURI 2103 MAVERICK DRIVE MARYLAND HEIGHTS MO 63043

	Employer's		ID	no.	16	State	wages,	tips, etc.
MO	17305709	5						5446.61
17 State	income tax				18	Local	wages,	tips, etc.
		221.	. 00)				
19 Local	income tax				20	Local	ity nam	е

MO.State Filing Copy Wage and Tax Statement

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