## 2022 W-2 and EARNINGS SUMMARY

**Employee Reference Copy** Wage and Tax Statement Copy C for employee's records d Control number Employer use only 000133 RF/CQW Employer's name, address, and ZIP code ARCHITECTURE RESEARCH OFFICE LLC 170 VARICK STREET 7TH FLOOR NEW YORK, NY 10013 Batch #99681 e/f Employee's name, address, and ZIP code SAMPRITI M SHETH 20 RIVER COURT **APT 807** JERSEY CITY, NJ 07310 b Employer's FED ID number a Employee's SSA number XXX - XX - 7077 13-3960163 2 Federal income tax w 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12h 14 Other 12c 51.17 NY PFL 240.00 TRPASS 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. NY 13-3960163

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

Tips, Etc. Box 16 of W-2 Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 1 of W-2 **Gross Pay** 13,827.65 13,827.65 13,827.65 13,827.65 Less Transportation-Salary Reduction 240.00 N/A N/A N/A Reported W-2 Wages 0.00 0.00 0.00

**Social Security** 

Medicare

NY. State Wages,

2. Employee Name and Address.

SAMPRITI M SHETH **20 RIVER COURT APT 807** JERSEY CITY, NJ 07310

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O 2022 ADP. Inc.

Wages, tips, other comp.

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3 Social security wages	ages 4 Social security tax withheld			3 Social security wages					
5 Medicare wages and tips	6 Medic	6 Medicare tax withheld			5 Medicare wages and tipe				
d Control number Dept.	Corp.	Employe	r use only	d	Control	number	Dep		
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b Employer's FED ID number 13-3960163	a Emplo	yee's SSA I	number -7077	ь		rer's FED ID			
7 Social security tips	8 Alloca			7	Social	security tips			
9	10 Depen	dent care be	enefits	9					
11 Nonqualified plans	12a See in	nstructions	for box 12	11	Nonqu	alified plans			
14 Other	12b			14	Other				
51.17 NY PFL	12c			11		54 4T 4B			
	120			11		51.17 NY	PFL		

e/I Employee's name, address and ZIP cod SAMPRITI M SHETH 20 RIVER COURT

JERSEY CITY, NJ 07310

15 State Employer's state ID no. 16 State wages, tips, etc. NY 13-3960163

Federal Filing Copy

Wage and Tax

Statement

**APT 807** 

17 State income tax

19 Local income tax

18 Local wages, tips, etc.

13 Stat emp Ret. plan 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

20 Locality name

17 State income tax

19 Local income tax

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NEW YORK, N			NI	EW YOR	K, NY	10013	71H FLOOR			
b Employer's FED ID number 13-3960163	a Employee's SSA number XXX-XX-7077		1	er's FED ID r 3-396016	number 3	a Emplo	yee's SSA number XXX-XX-7077			
7 Social security tips	8 Allocated tips			security tips		8 Alloca	ted tips			
9	10 Dependent care benefits		9			10 Depend	dent care benefits			
11 Nonqualified plans	12a		11 Nonqua	lified plans		12a				
14 Other	12b		14 Other			12b				
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2 Federa	al income tax withheld		1 Wages, tips, other comp.			2 Federal income tax withheld						
4 Social	security tax withheld	:	3 Social security wages			4 Social security tax withheld						
6 Medicare tax withheld			5 Medicare wages and tips				dica	re tax wi	thheld			
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