2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy Cfor employee's records.						
d Control number 000375 K7/DZA	Dept.	Corp.	Employer use only			
SOFTWORLD TECHNOLOGIES LLC 699 WALNUT STREET 4TH FLOOR SUITE 400 DES MOINES, IA 50309 Batch #91576						
e/f Employee's name, a	ıddress, a	nd ZIP cod	le			
SAI HARSHA CHINTAPALLI 98 GRANITE STREET						

MEDFIELD, MA 02052 Employer's FED ID number

a Employee's SSA number 82-2450870 /ages, tips, other comp. XXX-XX-1285 Federal income tax withheld 39406.25 5124.64 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 14 Other 135 56 MAPEMI 12d 13 Stat emp Ret. plan 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. MA WTH-10748694-002 39406.25 18 Local wages, tips, etc. 17 State income tax 1910.31 19 Local income tax 20 Locality name

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.

Social Security Wages, Tips, other MA. State Wages, Compensation Box 1 of W-2 Wages Tips, Etc. Box 16 of W-2 Wages Box 3 of W-2 Box 5 of W-2 39,406.25 39,406.25 39,406.25 39,406.25 Reported W-2 Wages 39,406.25 0.00 0.00 39,406.25

2. Employee Name and Address.

SAI HARSHA CHINTAPALLI 98 GRANITE STREET MEDFIELD, MA 02052

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98 GRANITE STREET

MEDFIELD, MA 02052

17 State income tax

19 Local income tax

Gross Pay

1 Wages, tips, other comp. 39406.25			2 Federal income tax withheld 5124.64			
3	3 Social security wages		4 Social security tax withheld			
5	5 Medicare wages and tips		6 Medicare tax withheld			
d	Control number	Dept.	Corp.	Employer use only		
00	00375 K7/DZA		A			
c Employer's name, address, and ZIP code						
SOFTWORLD TECHNOLOGIES						

699 WALNUT STREET 4TH FLOOR SUITE 400 DES MOINES, IA 50309

b	Employer's FED ID number 82-2450870	a Employee's SSA number XXX-XX-1285					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
	135.56 MAPFML	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
~/·	of Employee's name address and ZID code						

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

SAI HARSHA CHINTAPALLI 98 GRANITE STREET MEDFIELD, MA 02052

15 State MA	Employer's state ID no. WTH-10748694-00	16 State wages, tips, etc. 2
17 State	income tax	18 Local wages, tips, etc.
	1910.31	
19 Local	income tax	20 Locality name
	Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu

000375 K7/DZA	4 Social security tax withheld 6 Medicare tax withheld Corp. Employer use only A				
d Control number Dept. 000375 K7/DZA	Corp. Employer use only				
000375 K7/DZA					
*****	A				
c Employer's name, address, a					
4TH FLOOR SU DES MOINES, I	A 50309				
82-2450870 7 Social security tips	XXX-XX-1285 8 Allocated tips				
	10 Dependent care benefits				
9	10 Dependent care benefits				
9 11 Nonqualified plans	10 Dependent care benefits				
	*				
11 Nonqualified plans	12a 12b 12c				
11 Nonqualified plans 14 Other	12a				

5 State Employer's state ID no. 16 State wages, tips, etc. MA WTH-10748694-002 39406.25

Reference

and Tax

1910.31

Wage

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

MA.State

18 Local wages, tips, etc.

Сору

20 Locality name

	Medicare wages an	u tips	o Medicare tax withheid						
d	Control number	Dept.		Corp.	Τ	Emplo	yer us	e only	
000	0375 K7/DZA					Α			
С	Employer's name, a	ddress, a	nd Z	IP co	de				
	SOFTWOI LLC	RLD TI	EC	HNC)L	OGIE	S		
	699 WALI 4TH FLOO DES MOII	OR SU	IT	E 40	0				
b	Employer's FED ID 82-245087		a Employee's SSA number XXX-XX-1285						
7	Social security tips		8 Allocated tips						
9				10 Dependent care benefits					
11	Nonqualified plans		12a						
14	Other		12	, i					
	135.56 N	135.56 MAPEML		12c					
			120	1					
			13	Stat en	np.	Ret. plan	3rd party	sick pa	
e/f	Employee's name,	address aı	nd Z	IP cod	le				
SAI HARSHA CHINTAPALLI 98 GRANITE STREET MEDFIELD, MA 02052									

15 State Employer's state ID no. 16 State wages, tips, etc. WTH-10748694-002 39406.25

Filing

and

Statement

18 Local wages, tips, etc.

20 Locality name

Copy

2 Federal income tax withheld

4 Social security tax withheld

5124.64

Wages, tips, other comp

3 Social security wages

17 State income tax

19 Local income tax

MA.State

Wage

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

39406.25