

# 2021 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	280,288.64	SOCIAL SECURITY TAX WITHHELD	8,853.60
FED. INCOME TAX WITHHELD	52,612.73	MEDICARE TAX WITHHELD	4,579.89
STATE INCOME TAX	997.07	SUI/SDI	0.00
LOCAL INCOME TAX	0.00		

<b>Employee Reference Copy</b>			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement			
<small>Copy C for employee's records. OMB No. 1545-0008</small>			
d Control number 10193432 TRA	Dept. Y010	Corp. S	Employer use only 23035
c Employer's name, address, and ZIP code <b>APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014</b>			
e/f Employee's name, address, and ZIP code <b>AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653</b>			
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728		
1 Wages, tips, other comp. 264812.74	2 Federal income tax withheld 52612.73		
3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
5 Medicare wages and tips 271484.78	6 Medicare tax withheld 4579.89		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   304.84		
14 Other 1242 OR STT WH 37385.00 RSU	12b D   6672.04		
	12c W   7199.98		
	12d AA   11612.96		
	13 Stat emp./Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. OR 00284545 2	16 State wages, tips, etc. 12413.34		
17 State income tax 997.07	18 Local wages, tips, etc. 12413.34		
19 Local income tax	20 Locality name MULT PFA		

To change your employee W-4 profile information  
file a new W-4 with your payroll department

**AGATA GRUZA  
13824 LONG SHADOW DR.  
MANOR, TX 78653**

Social Security Number: XXX-XX-7728



© 2021 ADP, Inc.

PAGE 01 OF 02

1 Wages, tips, other comp. 264812.74	2 Federal income tax withheld 52612.73		
3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
5 Medicare wages and tips 271484.78	6 Medicare tax withheld 4579.89		
d Control number 10193432 TRA	Dept. Y010	Corp. S	Employer use only 23035
c Employer's name, address, and ZIP code <b>APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014</b>			
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   304.84		
14 Other 1242 OR STT WH 37385.00 RSU	12b D   6672.04		
	12c W   7199.98		
	12d AA   11612.96		
	13 Stat emp./Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653</b>			
15 State Employer's state ID no. OR 00284545 2	16 State wages, tips, etc. 12413.34		
17 State income tax 997.07	18 Local wages, tips, etc. 12413.34		
19 Local income tax	20 Locality name MULT PFA		

1 Wages, tips, other comp. 264812.74	2 Federal income tax withheld 52612.73		
3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
5 Medicare wages and tips 271484.78	6 Medicare tax withheld 4579.89		
d Control number 10193432 TRA	Dept. Y010	Corp. S	Employer use only 23035
c Employer's name, address, and ZIP code <b>APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014</b>			
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   304.84		
14 Other 1242 OR STT WH 37385.00 RSU	12b D   6672.04		
	12c W   7199.98		
	12d AA   11612.96		
	13 Stat emp./Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653</b>			
15 State Employer's state ID no. OR 00284545 2	16 State wages, tips, etc. 12413.34		
17 State income tax 997.07	18 Local wages, tips, etc. 12413.34		
19 Local income tax	20 Locality name MULT PFA		

1 Wages, tips, other comp. 264812.74	2 Federal income tax withheld 52612.73		
3 Social security wages 142800.00	4 Social security tax withheld 8853.60		
5 Medicare wages and tips 271484.78	6 Medicare tax withheld 4579.89		
d Control number 10193432 TRA	Dept. Y010	Corp. S	Employer use only 23035
c Employer's name, address, and ZIP code <b>APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014</b>			
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   304.84		
14 Other 1242 OR STT WH 37385.00 RSU	12b D   6672.04		
	12c W   7199.98		
	12d AA   11612.96		
	13 Stat emp./Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653</b>			
15 State Employer's state ID no. OR 00284545 2	16 State wages, tips, etc. 12413.34		
17 State income tax 997.07	18 Local wages, tips, etc. 12413.34		
19 Local income tax	20 Locality name MULT PFA		

**Federal Filing Copy**  
**W-2** Wage and Tax Statement **2021**  
Copy B to be filed with employer's Federal Income Tax Return. OMB No. 1545-0008

**OR. State Filing Copy**  
**W-2** Wage and Tax Statement **2021**  
Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0008

**City or Local Filing Copy**  
**W-2** Wage and Tax Statement **2021**  
Copy 2 to be filed with employer's City or Local Income Tax Return. OMB No. 1545-0008

# 2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2021	
Wage and Tax Statement			
Copy C for employer's records. OMB No. 1545-0048			
d Control number 10193432 TRA	Dept. TRA	Corp. Y010	Employer use only S 23036
c Employer's name, address, and ZIP code APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014			
e/f Employee's name, address, and ZIP code AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653			
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728		
1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 DD 16721.88		
14 Other	12b		
	12c		
	12d		
	13 Stat emp./Ret. plan 3rd party sick pay X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERFLOW

AGATA GRUZA  
13824 LONG SHADOW DR.  
MANOR, TX 78653

Social Security Number: XXX-XX-7728

© 2021 ADP, Inc.

PAGE 02 OF 02

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number 10193432 TRA	Dept. Corp. Employer use only TRA Y010 23036
c Employer's name, address, and ZIP code APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014	
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 16721.88
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy	
<b>W-2</b> Wage and Tax Statement <b>2021</b>	
Copy B to be filed with employer's Federal Income Tax Returns. OMB No. 1545-0048	

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number 10193432 TRA	Dept. Corp. Employer use only TRA Y010 23036
c Employer's name, address, and ZIP code APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014	
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 16721.88
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
State Filing Copy	
<b>W-2</b> Wage and Tax Statement <b>2021</b>	
Copy 2 to be filed with employer's State Income Tax Returns. OMB No. 1545-0048	

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number 10193432 TRA	Dept. Corp. Employer use only TRA Y010 23036
c Employer's name, address, and ZIP code APPLE INC ONE APPLE PARK WAY CUPERTINO, CA 95014	
b Employer's FED ID number 94-2404110	a Employee's SSA number XXX-XX-7728
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 16721.88
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code AGATA GRUZA 13824 LONG SHADOW DR. MANOR, TX 78653	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
City or Local Filing Copy	
<b>W-2</b> Wage and Tax Statement <b>2021</b>	
Copy 2 to be filed with employer's City or Local Income Tax Returns. OMB No. 1545-0048	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>GREAT-WEST TRUST COMPANY LLC</b> PO BOX 173764 D999 DENVER, CO 80217-3764 1-844-277-4401			1 Gross distribution <b>\$2,684.62</b>	OMB No. 1545-0119 <b>2021</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
2a Taxable amount <b>\$0.00</b>			Total distribution <input type="checkbox"/>		
PAYER'S TIN <b>84-1455663</b>			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S TIN <b>***-**-7728</b>			3 Capital gain (included in box 2a)		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>AGATA GRUZA</b> <b>13824 LONG SHADOW DR</b> <b>MANOR, TX 78653</b>			4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums <b>\$2,684.62</b>			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <b>G</b>			8 Other _____ %		
9a Your percentage of total distribution %			9b Total employee contributions		
14 State tax withheld			15 State/Payer's state no.  <b>TX</b>		
10 Amount allocable to IRR within 5 years			16 State distribution		
11 1st year of desig. Roth contrib.			17 Local tax withheld		
12 FATCA filing requirement <input type="checkbox"/>			18 Name of locality		
Account number (see instructions) <b>150550</b>			19 Local distribution		
13 Date of payment					

Form 1099-R [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>GREAT-WEST TRUST COMPANY LLC</b> PO BOX 173764 D999 DENVER, CO 80217-3764 1-844-277-4401			1 Gross distribution <b>\$2,684.62</b>	OMB No. 1545-0119 <b>2021</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
2a Taxable amount <b>\$0.00</b>			Total distribution <input type="checkbox"/>		
PAYER'S TIN <b>84-1455663</b>			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S TIN <b>***-**-7728</b>			3 Capital gain (included in box 2a)		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>AGATA GRUZA</b> <b>13824 LONG SHADOW DR</b> <b>MANOR, TX 78653</b>			4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums <b>\$2,684.62</b>			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <b>G</b>			8 Other _____ %		
9a Your percentage of total distribution %			9b Total employee contributions		
14 State tax withheld			15 State/Payer's state no.  <b>TX</b>		
10 Amount allocable to IRR within 5 years			16 State distribution		
11 1st year of desig. Roth contrib.			17 Local tax withheld		
12 FATCA filing requirement <input type="checkbox"/>			18 Name of locality		
Account number (see instructions) <b>150550</b>			19 Local distribution		
13 Date of payment					

Form 1099-R (keep for your records) [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>GREAT-WEST TRUST COMPANY LLC</b> PO BOX 173764 D999 DENVER, CO 80217-3764 1-844-277-4401			1 Gross distribution <b>\$2,684.62</b>	OMB No. 1545-0119 <b>2021</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
2a Taxable amount <b>\$0.00</b>			Total distribution <input type="checkbox"/>		
PAYER'S TIN <b>84-1455663</b>			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S TIN <b>***-**-7728</b>			3 Capital gain (included in box 2a)		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>AGATA GRUZA</b> <b>13824 LONG SHADOW DR</b> <b>MANOR, TX 78653</b>			4 Federal income tax withheld		
5 Employee contributions/Designated Roth contributions or insurance premiums <b>\$2,684.62</b>			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <b>G</b>			8 Other _____ %		
9a Your percentage of total distribution %			9b Total employee contributions		
14 State tax withheld			15 State/Payer's state no.  <b>TX</b>		
10 Amount allocable to IRR within 5 years			16 State distribution		
11 1st year of desig. Roth contrib.			17 Local tax withheld		
12 FATCA filing requirement <input type="checkbox"/>			18 Name of locality		
Account number (see instructions) <b>150550</b>			19 Local distribution		
13 Date of payment					

Form 1099-R [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury-Internal Revenue Service