## 2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement

Copy C for employee's records. Control number Dept. Corp. Employer use only 001704 BOST/RG4 000002

Employer's name, address, and ZIP code

NEXAMP INC 101 SUMMER STREET FL 2 **BOSTON MA 02110** 

Batch #01217

e/f Employee's name, address, and ZIP code **GOWTHAM KRISHNAMOORTHY** 4132 CAMBRIDGE WOODS DR

**TAMPA FL 33613** b Employer's FED ID number a Employee's SSA number 26-1541318 XXX-XX-8382 Wages, tips, other comp. Federal income tax withheld 45859.50 3903.95 3 Social security wages Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. FT. 18 Local wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name

Wages, tips, other comp. Federal income tax withheld 45859.50 3903.95 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 001704 BOST/RG4 000002 Т 95 Employer's name, address, and ZIP code

NEXAMP INC 101 SUMMER STREET FL 2 **BOSTON MA 02110** 

b	Employer's FED ID number 26-1541318	a Employee's SSA number XXX-XX-8382			
7	Social security tips	8 Allocated tips			
9		10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
		12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
e/f	Employee's name, address ar	d ZIP code			

GOWTHAM KRISHNAMOORTHY 4132 CAMBRIDGE WOODS DR

17 **TAMPA FL 33613** 

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ſ	15	State	Employer's	state ID no.	16 State wages, tips, etc.
l	F	'L			
	17 State income tax			18 Local wages, tips, etc.	
Ì	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	FL. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	45,859.50	45,859.50	45,859.50		
Less Exempt Wages	N/A	45,859.50	45,859.50		
Reported W-2 Wages	45,859.50	0.00	0.00		

Note - Fringe benefits include : Awards, Prizes, Gifts \$20.00

2. Employee Name and Address.

## **GOWTHAM KRISHNAMOORTHY** 4132 CAMBRIDGE WOODS DR **TAMPA FL 33613**

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	Wages, tips, other comp. 45859.50	2 Federal income tax withheld 3903.95				
3	Social security wages	4 Social	security tax withheld			
;	Medicare wages and tips	6 Medica	6 Medicare tax withheld			
i	Control number Dept.	Corp.	Employer use only			
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	Employer's name, address, a  NEXAMP INC 101 SUMMER S BOSTON MA 02	TREET				
'	Employer's FED ID number 26-1541318		yee's SSA number XXX-XX-8382			
	Social security tips	8 Allocated tips				
		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		12 Ctat am	p. Ret. plan 3rd party sick pay			
		13 Stat em	p. Ret. plan 3rd party Sick pay			
/f	Employee's name, address a					
	Employee's name, address a	nd ZIP cod	le			
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G( 41 17 TA 15 F	DWTHAM KRISHNAM 32 CAMBRIDGE W  MPA FL 33613  State Employer's state ID no	nd ZIP cod NOORTH	le IY DR wages, tips, etc.			

Statement

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

1 Wages, tips, other comp. 45859.50				Federa	l income tax	withheld 903.95
3	3 Social security wages			4 Social security tax withheld		
5	5 Medicare wages and tips			Medica	re tax withhe	eld
d	Control number Dept.			Corp.	Employer	use only
00	001704 BOST/RG4 000002				T	95
С	c Employer's name, address, and				е	

NEXAMP INC STREET FL 2 101 SUMMER BOSTON MA 02110

b	Employer's FED ID number	a Employee's SSA number			
	26-1541318	XXX-XX-8382			
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 party			

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

GOWTHAM KRISHNAMOORTHY 4132 CAMBRIDGE WOODS DR

**TAMPA FL 33613** 

15	State	Employer's	state	ID no	<b>).</b> 16	State wages, tips, etc.
F	L					_
17 State income tax		18	Local wages, tips, etc.			
19	Local	income tax			20	Locality name

FL.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Incom