



**W-2** Employee Reference Copy  
Wage and Tax Statement  
2022  
OMB No. 1545-0008

Copy C for employee's records.

d Control number 000010	Dept. KW/2G6	Corp.	Employer use only 2
----------------------------	-----------------	-------	------------------------

c Employer's name, address, and ZIP code  
**THRIVESOL INC**  
6136 FRISCO SQUARE BOULEVARD  
FRISCO, TX 75034

Batch #93239

e/f Employee's name, address, and ZIP code  
**SUHARSHINI BAVISETTY**  
11411 LUNA ROAD  
FARMERS BRANCH, TX 75234

b Employer's FED ID number 81-4881611	a Employee's SSA number XXX-XX-1853
1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 2924.00
3 Social security wages 35000.00	4 Social security tax withheld 2170.00
5 Medicare wages and tips 35000.00	6 Medicare tax withheld 507.50
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
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

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
Gross Pay	35,000.00	35,000.00	35,000.00
Reported W-2 Wages	35,000.00	35,000.00	35,000.00

2. Employee Name and Address.

**SUHARSHINI BAVISETTY**  
11411 LUNA ROAD  
FARMERS BRANCH, TX 75234

© 2022 ADP, Inc.

1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 2924.00		
3 Social security wages 35000.00	4 Social security tax withheld 2170.00		
5 Medicare wages and tips 35000.00	6 Medicare tax withheld 507.50		
d Control number 000010	Dept. KW/2G6	Corp.	Employer use only 2

c Employer's name, address, and ZIP code  
**THRIVESOL INC**  
6136 FRISCO SQUARE BOULEVARD  
FRISCO, TX 75034

b Employer's FED ID number 81-4881611	a Employee's SSA number XXX-XX-1853
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
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

**W-2** Federal Filing Copy  
Wage and Tax Statement  
2022  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 2924.00		
3 Social security wages 35000.00	4 Social security tax withheld 2170.00		
5 Medicare wages and tips 35000.00	6 Medicare tax withheld 507.50		
d Control number 000010	Dept. KW/2G6	Corp.	Employer use only 2

c Employer's name, address, and ZIP code  
**THRIVESOL INC**  
6136 FRISCO SQUARE BOULEVARD  
FRISCO, TX 75034

b Employer's FED ID number 81-4881611	a Employee's SSA number XXX-XX-1853
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 pay
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

**W-2** State Reference Copy  
Wage and Tax Statement  
2022  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 2924.00		
3 Social security wages 35000.00	4 Social security tax withheld 2170.00		
5 Medicare wages and tips 35000.00	6 Medicare tax withheld 507.50		
d Control number 000010	Dept. KW/2G6	Corp.	Employer use only 2

c Employer's name, address, and ZIP code  
**THRIVESOL INC**  
6136 FRISCO SQUARE BOULEVARD  
FRISCO, TX 75034

b Employer's FED ID number 81-4881611	a Employee's SSA number XXX-XX-1853
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 pay
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

**W-2** City or Local Reference Copy  
Wage and Tax Statement  
2022  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.