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 Corp. KB/QU8 Employer's name, address, and ZIP code GALAXY3 CORP 1131 WINOKA RD TN 38017 3645 COLLIERVILLE, Batch #99099

PRUTHWI RAJ ALA 2372 OCEAN AVENUE

RONKONKOMA, NY 11779

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

Employer's FED ID number a Employee's SSA number XXX-XX-6161 85-1356114 Wages, tips, other comp. Federal income tax withheld 3771.00 305.90 4 Social security tax withheld 3 Social security wages 6 Medicare tax withheld 5 Medicare wages and tips 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 19.27 NY PFL 12d 13 Stat emp Ret. plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. NY 85-1356114 3771.00 17 State income tax 18 Local wages, tips, etc. 166.77 19 Local income tax 20 Locality name

Wages, tips, other comp Federal income tax withheld 3771.00 Social security wages Social security tax withheld Medicare wages and tips Medicare tax withheld d Control number Dept. Employer use only Corp. 000072 KB/QU8

Employer's name, address, and ZIP code

GALAXY3 CORP 1131 WINOKA RD COLLIERVILLE,

TN 38017 3645

1		
b	Employer's FED ID number 85-1356114	a Employee's SSA number XXX-XX-6161
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
	19.27 NY PFL	12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address a	nd ZIP code

PRUTHWI RAJ ALA 2372 OCEAN AVENUE RONKONKOMA, NY 11779

15 N	State VY	Employer's state ID no. 85-1356114	16 State wages, tips, etc. 3771.00
17	State	income tax	18 Local wages, tips, etc.
		166.77	
19	Loca	income tax	20 Locality name
		Federal Fil	ina Copy

Wage and Tax Statement

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.

Medicare Wages, Tips, other Social Security NY. State Wages, Compensation Wages Wages Box 16 of W-2 Box 1 of W-2 Box 3 of W-2 Box 5 of W-2

3,771.00 3,771.00 3,771.00 3,771.00 Gross Pay Reported W-2 Wages 3,771.00 0.00 0.00 3,771.00

2. Employee Name and Address.

PRUTHWI RAJ ALA 2372 OCEAN AVENUE RONKONKOMA, NY 11779

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1 Wages, tips, other co	mp. 1.00	2 Federa	income tax	305.90
3 Social security wage	s	4 Social	security tax	withheld
5 Medicare wages and	tips	6 Medica	re tax withh	eld
d Control number	Dept.	Corp.	Employer	use only
000072 KB/OU8			Α	3

c Employer's name, address, and ZIP code

GALAXY3 CORP 1131 WINOKA RD COLLIERVILLE, TN 38017 3645

b	Employer's FED ID number 85-1356114	a Employee's SSA number XXX-XX-6161
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	19.27 NY PFL	12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name address a	and 7IP code

PRUTHWI RAJ ALA 2372 OCEAN AVENUE RONKONKOMA, NY 11779

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	15 State NY	Employer's state ID no. 85-1356114	16 State wages, tips, etc. 3771.00
Γ	17 State	income tax	18 Local wages, tips, etc.
ı		166.77	
Γ	19 Local	income tax	20 Locality name
1			
Γ		NY State Re	ference Copy

Wage and Tax

	00-100011
	7 Social security tips
	9
	11 Nonqualified plans
	14 Other
	19.27 N
ıy	
1	e/f Employee's name, a
	PRUTHWI RAJ 2372 OCEAN A RONKONKOMA,
	15 State Employer's s NY 85-135611
- 1	

Wages, tips, other comp

Medicare wages and tips

3 Social security wages

d Control number

000072 KB/QU8

3771.00

c Employer's name, address, and ZIP code

1131 WINOKA RD

19.27 NY PFL

GALAXY3 CORP

COLLIERVILLE,

Employer's FED ID number 85-1356114

Dept.

2 Federal income tax withheld

4 Social security tax withheld

Employer use only

6 Medicare tax withheld

Α

TN 38017 3645

8 Allocated tips

12a

12c

Employee's SSA number XXX-XX-6161

10 Dependent care benefits

Corp.

12d 13 Stat emp Ret. plan 3rd party sick pay name, address and ZIP code RAJ ALA AN AVENUE OMA, NY 11779 loyer's state ID no. 16 State wages, tips, etc. 3771.00 17 State income tax 18 Local wages, tips, etc. 166.77 19 Local income tax 20 Locality name

NY.State Filing Copy Wage and Tax Statement

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