2022 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement Copy C for employee's records.

Employer use only

,	Employer'	s na	me	address	and	7IP	cod	•
00	0164	K4/	LLU	'				

Control number

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

Batch #90407

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

AMULYA CHAVA 865 FEDERAL RIDGE DR APT 201

C	OLLIERVILLE, IN 3	8017
b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-7205
1	Wages, tips, other comp.	2 Federal income tax withheld
	51000.00	10831.56
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
14	Other	12b
		12c
		12d
		13 Stat emp Ret. plan 3rd party sick page
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

Wages, tips, other com 51000.00 10831.56 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld d Control number Employer use only 000184 R4/FLJ 39 Employer's name, address, and ZIP code

TEKINVADERZ LLC

2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-7205
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 an	d ZIP code

AMULYA CHAVA 865 FEDERAL RIDGE DR **APT 201** COLLIERVILLE, TN 38017

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

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 Box 5 of W-2

Gross Pav Reported W-2 Wages 51,000.00 51,000.00

51,000.00 0.00

51,000.00 0.00

2. Employee Name and Address.

AMULYA CHAVA 865 FEDERAL RIDGE DR APT 201 COLLIERVILLE, TN 38017

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1 Wages, tips, other c 5100	2 Federal income tax withheld 10831.56						
3 Social security wage	4 Social	security tax	withheld				
5 Medicare wages and	6 Medica	re tax withh	eld				
d Control number Dept.		Corp.	Employer	use only			
000184 R4/FLJ			39				
c Employer's name, address, and ZIP code							

TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005

b	Employer's FED ID number 46-5582856	a Employee's SSA number XXX-XX-7205					
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					
o/f	Employee's name address						

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

AMULYA CHAVA 865 FEDERAL RIDGE DR **APT 201** COLLIERVILLE. TN 38017

-) L L I L		•		30	,,,					
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	Locali	ity nam	е		
		Sta	ate	Re	efe	re	nce	Co	ру_		_

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

3 Social security wag	es	4 Social security tax withheld						
5 Medicare wages and	d tips	6 Medicare tax withheld						
Control number	Dept.	Corp.	Employer use only					
000184 R4/FLJ			39					
TEKINVADERZ LLC 2490 E OAKTON ST STE A ARLINGTON HEIGHTS, IL 60005								
6 Employer's FED ID 46-558285			oyee's SSA number XXX-XX-7205					
7 Social security tips		8 Alloca	ited tips					
j		10 Depen	dent care benefits					
11 Nonqualified plans		12a	I					
14 Other		12b	 					
		12c	1					
		12d	1					
		13 Stat er	mp. Ret. plan 3rd party sick pa					
e/f Employee's name, a		nd ZIP cod	de					

Federal income tax withheld

10831.56

51000.00

AMULYA CHAVA 865 FEDERAL RIDGE DR APT 201 COLLIERVILLE, TN 38017

1	State	Employer's	state	ID ı	no.	16	State wages, tips, etc.
1	7 State	income tax				18	Local wages, tips, etc.
19	Local	income tax				20	Locality name

City or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Incor