## 2022 W-2 and EARNINGS SUMMARY



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

Control number Employer use only 000142 SANF/WLY

Employer's name, address, and ZIP code

MSRCOSMOS LLC 6200 STONERIDGE MALL RD PLEASANTON CA 94588

Batch #01918

e/f Employee's name, address, and ZIP code SAI KIRAN AKABILVAM 1119 S LANDRY LN STILLWATER OK 74074

b Employer's FED ID number			a Employee's SSA number							
		39-	2075	148	XXX-XX-71			-7185		
1	Wages	s, tip	s, othe	r comp.	2	Federal income tax withheld				
			162	2094.67						28826.13
3	Social	secu	ırity wa	ages	4	Socia	ls	securit	у	tax withheld
			147	7000.00						9114.00
5	Medica	are v	vages a	and tips	6	Medic	are	e tax	wit	thheld
			162	2094.67						2350.37
7	Social	secu	irity tip	s	8 Allocated tips					
9					10	Depen	de	nt ca	re	benefits
11	Nonqu	alifie	d plans	<u> </u>	12a See instructions for box 12			r box 12		
	Other				12	b	İΤ			
14	Other				12	С				
					12	d				
					13	Stat er	np.	Ret. p	lan	3rd party sick pay
15	State	Emp	loyer's	state ID no.	16	State	wa	ages,	tip	s, etc.
С	K	WTH	-147	55647-02					1	62094.67
17	State	incon	ne tax		18	Local	w	ages,	tip	s, etc.
			7	166.00						
19	Local	incor	ne tax		20	Local	ity	name	•	
					_		_			

Wages, tips, other comp. Federal income tax withheld 162094.67 Social security wages 147000.00 Social security tax withheld 9114.00 Medicare wages and tips 162094.67 2350.37 Control number Dept. Employer use only 000142 SANF/WLY

Employer's name, address, and ZIP code

MSRCOSMOS LLC 6200 STONERIDGE MALL RD PLEASANTON CA 94588

b	Employer's FED ID number 39-2075148	a Employee's SSA number XXX-XX-7185						
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						
		<del>' '</del>						

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

SAI KIRAN AKABILVAM 1119 S LANDRY LN STILLWATER OK 74074

15 State	Employer's state ID no.	16 State wages, tips, etc.				
OK	WTH-14765647-02	162094.67				
17 State	income tax	18 Local wages, tips, etc.				
	7166.00					
19 Local	income tax	20 Locality name				
	Endard Eili	ina Conv				

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	OK. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	165,071.00	165,071.00	165,071.00	165,071.00
Less Other Cafe 125	2,976.33	2,976.33	2,976.33	2,976.33
Wages Over Limit	N/A	15,094.67	N/A	N/A
Reported W-2 Wages	162,094.67	147,000.00	162,094.67	162,094.67

2. Employee Name and Address.

## SAI KIRAN AKABILVAM 1119 S LANDRY LN STILLWATER OK 74074

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1 Wages, tips, other comp. 162094.67			2 Federal income tax withheld 28826.13				
3	Social security wage	es 00.00	4 Social security tax withheld 9114.00				
5	Medicare wages and 1620:	d tips 94.67	6 Medicare tax withheld 2350.37				
d	Control number	Dept.	Corp.	Employer	use only		
00	0142 SANF/WLY		A 5				
С	Employer's name, a	ddress, ar	nd ZIP cod	e			
	110000011		. ~				

MSRCOSMOS 6200 STONERIDGE MALL RD PLEASANTON CA 94588

b	Employer's FED ID number	a Employee's SSA number					
	39-2075148	XXX-XX-7185					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	<b>12</b> a					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
"	Employee's name address as	1 7ID					

SAI KIRAN AKABILVAM 1119 S LANDRY LN STILLWATER OK 74074

	Employer's state ID no. WTH-14765647-02		State wages, tips, etc. 162094.67
17 State	income tax	18	Local wages, tips, etc.
	7166.00		
19 Local	income tax	20	Locality name

OK.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

1	Wages, tips, other c	2	Federa	deral income tax withheld			
	1620			28	826.13		
3	Social security wage	4	Social security tax withheld 9114.00				
5	Medicare wages and 1620	6	6 Medicare tax withheld 2350.37				
d	Control number	Dept.		Corp.	Employer	use only	
00	0142 SANF/WLY				A	5	

Employer's name, address, and ZIP code

MSRCOSMOS LLC 6200 STONERIDGE MALL RD PLEASANTON CA 94588

b	Employer's FED ID number	a Employee's SSA number				
	39-2075148	XXX-XX-7185				
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				

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

SAI KIRAN AKABILVAM 1119 S LANDRY LN STILLWATER OK 74074

15 State	Employer's state ID no.	16	State	wages,	tips, etc.
OK	WTH-14765647-02				162094.67
17 State	income tax	18	Local	wages,	tips, etc.
	7166.00				
19 Local	income tax	20	Local	ity nam	е

OK.State Filing Copy Wage and Tax Statement

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