2022 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy C for employee's records.

use only

d Control number	Dept.	Corp.	Employ
057628 SANF/IFL	001		A

c Employer's name, address, and ZIP code XORIANT CORPORATION 1248 REAMWOOD AVE SUNNYVALE CA 94089

Batch #02169

e/f Employee's name, address, and ZIP code SRINIDHI REDDY BARLA 39201 RED HAWK TERRACE **APT A203**

FREMONT CA 94538

F	KEIVIC	ו אול	CA	94030						
b	Emplo	yer's	FED ID	number	а	Emple	oye	e's S	SSA	\ number
		77-	02508	375			XΣ	(X - X	ΚX	-9042
1	Wages	s, tip	s, other	comp.	2	2 Federal income tax withhe			tax withheld	
			110	310.30						17293.62
3	Social	secu	ırity wa	ges	4	Socia	l se	ecurit	y	tax withheld
			110	310.30						6839.24
5	Medic	are v	vages a	nd tips	6	Medic	are	tax	wit	thheld
			110	310.30						1599.50
7	Social	secu	rity tips	5	8	Alloca	ated	tips	•	
9					10	Depen	den	t ca	re	benefits
11	Nonqu	alifie	d plans		12a See instructions for box 12					
44	Other				12	b				
14	Other		1213.41	001	12	С				
			1213.41	SDI	12	d				
					13	Stat er	np I	Ret. p	lan	3rd party sick pay
15	State	Emp	loyer's	state ID no	. 16	State	wag	ges,	tip	s, etc.
	CA	378	-0589	2					1	.10310.30
17	State	incon	ne tax		18	Local	wa	ges,	tip	s, etc.
			7	425.42					Ī	
19	Local	incor	ne tax		20	Local	ity	name	•	

1	1 Wages, tips, other comp.			2 Federal income tax withheld		
110310.30					1	7293.62
3	3 Social security wages 110310.30			Social	security tax	withheld 6839.24
5	5 Medicare wages and tips 110310.30			Medica	re tax withh	eld 1599.50
			ı		-	
d	Control number	Dept.	(Corp.	Employer	use only
d	Control number 57628 SANF/IFL	Dept.	(Corp.		

c Employer's name, address, and ZIP code XORIANT CORPORATION 1248 REAMWOOD AVE SUNNYVALE CA 94089

b	Employer's FED ID number 77 - 0250875	a Employee's SSA number XXX-XX-9042				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a See instructions for box 12				
14	Other	12b				
	1213.41 SDI	12c				
		12d				
		13 Stat emp Ret. plan 3rd party sick pay				
o/€	Employee's name address an	d ZID code				

SRINIDHI REDDY BARLA 39201 RED HAWK TERRACE **APT A203**

FREMONT CA 94538

	Employer's state ID no.	16 State wages,	tips, etc.
CA	378-0589 2		110310.30
17 State	income tax	18 Local wages,	tips, etc.
	7425.42		
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 Ret

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	CA. State Wages, Tips, Etc. Box 16 of W-2	
Gross Pay	112,084.60	112,084.60	112,084.60	112,084.60	
Less Other Cafe 125	1,774.30	1,774.30	1,774.30	1,774.30	
Reported W-2 Wages	110,310.30	110,310.30	110,310.30	110,310.30	

2. Employee Name and Address.

SRINIDHI REDDY BARLA 39201 RED HAWK TERRACE APT A203 FREMONT CA 94538

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1 Wages, tips, other comp. 110310.30			2 Federa	I income ta: 1'	x withheld 7293.62
3 Social security wages 110310.30			4 Social	security tax	withheld
5	Medicare wages and 1103	d tips 10.30	6 Medica	re tax with	neld 1599.50
d	Control number	Dept.	Corp.	Employer	use only
05	7628 SANF/IFL	001		A	76
_					
С	Employer's name, a	aaress, ar	id ZIP cod	e	
C	XORIANT 1248 REA SUNNYVAL	CORPO	ORATIO	N E	

Employer's FED ID number 77 - 0250875	a Employee's SSA number XXX-XX-9042				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
Nonqualified plans	12a				
Other	12b				
1213 41 CA SDI	12c				
1210111 071021	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
	77 - 0250875 Social security tips				

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

SRINIDHI REDDY BARLA 39201 RED HAWK TERRACE APT A203 FREMONT CA 94538

15 State	Employer's state ID no.	16 State wages, tips, etc.
CA	378-0589 2	110310.30
17 State	income tax	18 Local wages, tips, etc.
	7425.42	
19 Local	income tax	20 Locality name

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

1	Wages, tips, other comp.			Federal income tax withheld					
110310.30					17	293.62			
3 Social security wages 110310.30				Social security tax withheld 6839.24					
5 Medicare wages and tips 110310.30			6	Medicare tax withheld 1599.50					
d	Control number	Dept.		Corp.	Employer	use only			
05	7628 SANF/IFL	001			A	76			
С	Employer's name, a	ddress, ar	ıd .	ZIP code	е				
	C Employer's name, address, and ZIP code XORIANT CORPORATION 1248 REAMWOOD AVE SUNNYVALE CA 94089								

b	Employer's FED ID number 77-0250875	a Employee's SSA number XXX-XX-9042				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
	1213.41 CA SDI	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

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

SRINIDHI REDDY BARLA 39201 RED HAWK TERRACE **APT A203** FREMONT CA 94538

	Employer's		ID no.	16	State	wages,	
CA	378-0589	2					110310.30
17 State	income tax			18	Local	wages,	tips, etc.
	7	425.	42				
19 Local	income tax			20	Local	ity nam	e
				ı			

CA.State Filing Copy Wage and Tax Statement

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