Enveloped Det	0						
Employee Reference Copy							
\mathbf{M} \mathbf{O} Wage and Tax \mathbf{O}							
VV ⁻ ∠ Statem							
Copy C for employee'srecords.	OMB No. 1545-0008						
d Control number Dept.	Corp. Employer use only						
000038 K6/YJ9	16						
c Employer's name, address, a	and ZIP code						
TECHVISION CO							
3571 SPRINGWO	OD PATH						
EAGAN, MN 55	123 1353						
	Batch #90981						
	Baton #50501						
e/f Employee's name, address, a	and ZIP code						
SIVA HARSHA ILLA							
4000 DOMINION RIDO	GE CIR 4209						
MORRISVILLE, NC 2	7560						
,							
b Employer's FED ID number	a Employee's SSA number						
47-2240021	XXX-XX-9199						
1 Wages, tips, other comp.	² Federal income tax withheld						
32864.00	4819.40						
3 Social security wages	4 Social security tax withheld						
32864.00	2037.57						
5 Medicare wages and tips 32864.00	6 Medicare tax withheld 476.53						
7 Social security tips	8 Allocated tips						
9	10 Dependent care benefits						
3	To Dependent Care benefits						
11 Nongualified plans	12a See instructions for box 12						
n Nonquaimed plans							
14 Other	12b						
	12c						
	12d						
	13 Stat emp. Ret. plan 3rd party sick pay						
15 State Employer's state ID no							
NC 601132085	32864.00						
17 State income tax	18 Local wages, tips, etc.						
1415.00							
19 Local income tax	20 Locality name						

2022 W-2 and EARNINGS SUMMARY



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	Social Security	Medicare	NC. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Reported W-2 Wages	32,864.00	32,864.00	32,864.00	32,864.00
	32,864.00	32,864.00	32,864.00	32,864.00

2. Employee Name and Address.

SIVA HARSHA ILLA 4000 DOMINION RIDGE CIR 4209 MORRISVILLE, NC 27560

© 2022 ADP, Inc.

1 Wages, tips, other comp. 32864.00	2 Federal income tax withheld 4819.40	1 Wages, tips, other comp. 32864.00	2 Federal income tax withheld 4819.40	1 Wages, tips, other comp. 32864.00	2 Federal income tax withheld 4819.40	
3 Social security wages 32864.00	4 Social security tax withheld 2037.57	3 Social security wages 32864.00	4 Social security tax withheld 2037.57	³ Social security wages 32864.00	4 Social security tax withheld 2037.57	
5 Medicare wages and tips 32864.00	6 Medicare tax withheld 476.53	5 Medicare wages and tips 32864.00	6 Medicare tax withheld 476.53	5 Medicare wages and tips 32864.00	6 Medicare tax withheld 476.53	
d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	d Control number Dept.	Corp. Employer use only	
000038 K6/YJ9	16	000038 K6/YJ9	16	000038 K6/YJ9	16	
c Employer's name, address,	and ZIP code	c Employer's name, address, a	nd ZIP code	c Employer's name, address, a	nd ZIP code	
TECHVISION CO TECHVISION CO		n –	TECHVISION CO)		
3571 SPRINGWO			3571 SPRINGWOOD PATH		3571 SPRINGWOOD PATH	
EAGAN, MN 55		EAGAN, MN 55		EAGAN, MN 55123 1353		
b Employer's FED ID number 47-2240021	a Employee's SSA number XXX-XX-9199	b Employer's FED ID number 47-2240021	a Employee's SSA number XXX-XX-9199	b Employer's FED ID number 47-2240021	a Employee's SSA number XXX-XX-9199	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 Nonqualified plans	12a	
14 Other	12b	14 Other	12b	14 Other	12b	
	12c		12c		12c	
	12d		12d		12d	
	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp.Ret. plan 3rd party sick pa	
	To Stat emplited, plan Stu party sick pay		To Stat emp. Net. plan Sid party sick pay		is our empliced plan bid party sick pa	
e/f Employee's name, address a	nd ZIP code	e/f Employee's name, address and ZIP code		e/f Employee's name, address a	nd ZIP code	
SIVA HARSHA ILLA		SIVA HARSHA ILLA		SIVA HARSHA ILLA		
	GE CIR 4209	4000 DOMINION RIDGE CIR 4209		4000 DOMINION RIDGE CIR 4209		
MORRISVILLE, NC 2		MORRISVILLE, NC 27560		MORRISVILLE. NC 27560		
	7500		1500		500	
15 State Employer's state ID no NC 601132085	b. 16 State wages, tips, etc. 32864.00	15 State Employer's state ID no NC 601132085	. 16 State wages, tips, etc. 32864.00	15 State Employer's state ID no NC 601132085	. 16 State wages, tips, etc. 32864.00	
17 State income tax 1415.00	18 Local wages, tips, etc.	17 State income tax 1415.00	18 Local wages, tips, etc.	17 State income tax 1415.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
Federal F	iling Copy	NC.State R	eference Copy	NC.State Fi	ling Copy	
	and Tax 2022	W-2 Wage and Tax 20022 Statement Copy 2 to be filed with employee's State Income Tax Return. No. 1545-0008		W-2 Copy 2 to be filed with employee's State Income Tax COME No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.		