



**W-2** Wage and Tax Statement **2022**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000184 Dept. RU/SDI Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
**CALIBER IT SOLUTIONS INC**  
 454 S ANDERSON RD 310  
 310  
 ROCK HILL CITY, SC 29730  
 Batch #91588

**e/f** Employee's name, address, and ZIP code  
**SAIKIRAN REDDY MUTHYALA**  
 8001 SUMMERWOOD LANE  
 ALPHARETTA, GA 30005

**b** Employer's FED ID number 81-5470017 **a** Employee's SSA number XXX-XX-1050

<b>1</b> Wages, tips, other comp. <b>24753.60</b>	<b>2</b> Federal income tax withheld <b>3637.80</b>
<b>3</b> Social security wages <b>24753.60</b>	<b>4</b> Social security tax withheld <b>1534.72</b>
<b>5</b> Medicare wages and tips <b>24753.60</b>	<b>6</b> Medicare tax withheld <b>358.93</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp Ret. plan 3rd party sick pay
<b>15</b> State <b>GA</b> Employer's state ID no. <b>3328031-CQ</b>	<b>16</b> State wages, tips, etc. <b>24753.60</b>
<b>17</b> State income tax <b>1302.57</b>	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

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	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	24,753.60	24,753.60	24,753.60	24,753.60
<b>Reported W-2 Wages</b>	<b>24,753.60</b>	<b>24,753.60</b>	<b>24,753.60</b>	<b>24,753.60</b>

2. Employee Name and Address.

**SAIKIRAN REDDY MUTHYALA**  
 8001 SUMMERWOOD LANE  
 ALPHARETTA, GA 30005

© 2022 ADP, Inc.

<b>1</b> Wages, tips, other comp. <b>24753.60</b>	<b>2</b> Federal income tax withheld <b>3637.80</b>
<b>3</b> Social security wages <b>24753.60</b>	<b>4</b> Social security tax withheld <b>1534.72</b>
<b>5</b> Medicare wages and tips <b>24753.60</b>	<b>6</b> Medicare tax withheld <b>358.93</b>
<b>d</b> Control number 000184 Dept. RU/SDI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>CALIBER IT SOLUTIONS INC</b> 454 S ANDERSON RD 310 310 ROCK HILL CITY, SC 29730	
<b>b</b> Employer's FED ID number 81-5470017	<b>a</b> Employee's SSA number XXX-XX-1050
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>SAIKIRAN REDDY MUTHYALA</b> 8001 SUMMERWOOD LANE ALPHARETTA, GA 30005	
<b>15</b> State <b>GA</b> Employer's state ID no. <b>3328031-CQ</b>	<b>16</b> State wages, tips, etc. <b>24753.60</b>
<b>17</b> State income tax <b>1302.57</b>	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

Federal Filing Copy  
**W-2** Wage and Tax Statement **2022**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

<b>1</b> Wages, tips, other comp. <b>24753.60</b>	<b>2</b> Federal income tax withheld <b>3637.80</b>
<b>3</b> Social security wages <b>24753.60</b>	<b>4</b> Social security tax withheld <b>1534.72</b>
<b>5</b> Medicare wages and tips <b>24753.60</b>	<b>6</b> Medicare tax withheld <b>358.93</b>
<b>d</b> Control number 000184 Dept. RU/SDI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>CALIBER IT SOLUTIONS INC</b> 454 S ANDERSON RD 310 310 ROCK HILL CITY, SC 29730	
<b>b</b> Employer's FED ID number 81-5470017	<b>a</b> Employee's SSA number XXX-XX-1050
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>SAIKIRAN REDDY MUTHYALA</b> 8001 SUMMERWOOD LANE ALPHARETTA, GA 30005	
<b>15</b> State <b>GA</b> Employer's state ID no. <b>3328031-CQ</b>	<b>16</b> State wages, tips, etc. <b>24753.60</b>
<b>17</b> State income tax <b>1302.57</b>	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

GA State Reference Copy  
**W-2** Wage and Tax Statement **2022**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

<b>1</b> Wages, tips, other comp. <b>24753.60</b>	<b>2</b> Federal income tax withheld <b>3637.80</b>
<b>3</b> Social security wages <b>24753.60</b>	<b>4</b> Social security tax withheld <b>1534.72</b>
<b>5</b> Medicare wages and tips <b>24753.60</b>	<b>6</b> Medicare tax withheld <b>358.93</b>
<b>d</b> Control number 000184 Dept. RU/SDI Corp. Employer use only <b>A</b>	
<b>c</b> Employer's name, address, and ZIP code <b>CALIBER IT SOLUTIONS INC</b> 454 S ANDERSON RD 310 310 ROCK HILL CITY, SC 29730	
<b>b</b> Employer's FED ID number 81-5470017	<b>a</b> Employee's SSA number XXX-XX-1050
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b>
<b>14</b> Other	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp Ret. plan 3rd party sick pay
<b>e/f</b> Employee's name, address and ZIP code <b>SAIKIRAN REDDY MUTHYALA</b> 8001 SUMMERWOOD LANE ALPHARETTA, GA 30005	
<b>15</b> State <b>GA</b> Employer's state ID no. <b>3328031-CQ</b>	<b>16</b> State wages, tips, etc. <b>24753.60</b>
<b>17</b> State income tax <b>1302.57</b>	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>20</b> Locality name

GA State Filing Copy  
**W-2** Wage and Tax Statement **2022**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008