2019 W-2 and EARNINGS SUMMARY

11/2 Wa	ge and Tax 2019
d Control number 0000084639 T75	Dept. Corp. Employer use only MGC5 S 25997
e Employer's name, add	Trees, and ZIP code AGEMENT COMPANY LLC IE PLACE
7 Employee's name, add KAUSHIK KOLLA 5310 RUSTIC CT CUMMING, GA	
Employer's FED ID num 20-2874566	410-89-8082
Wages, tips, other comp 2741.	
Social security wages 2741.0	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other	12b 12c 12d 13 Stat emp Ret. plan (3rd party sick pay)
GA 2287963-ZA	O no. 16 State wages, tips, etc. 2741.08
State income tax 2.37	18 Local wages, tips, etc.
Local income tax	20 Locality name

This summary section is portion in more detail. you may also find helpfu any adjustments made by y	The reverse side	includes deneral informa	ttion that
GROSS PAY	2,741.08	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	169.95
FED. INCOME TAX WITHHELD BOX 02 OF W-2	22.44	MEDICARE TAX WITHHELD BOX 06 OF W-2	39.75
STATE INCOME TAX BOX 17 OF W-2	2.37	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

KAUSHIK KOLLA 5310 RUSTIC CT CUMMING, GA 30040 Social Security Number: 410-89-8082 Taxable Marital Status: SINGLE Exemptions/Allowances: Federal: 0 State: Local:

Social security tax withheld 169.95

16 State wages, tipe, etc. 2741 . 08

PAGE 01 OF 01

the state of the second state of the hearthy			The state of the s		
Wages, tips, other comp. 2741.08		2 Federa	income tax withheld 22.44		
Social security wages 2741 .08		4 Social security tax withheld 169.95			
Medicare wages an	d tips 41 , 08	6 Medicare tax withheld 39.75			
Control number 000084639 T75	Dept.	Corp. MGC5	Employer use only 25997		
Employer's name, LTF CLUB M/ 2902 CORPOR CHANHASSEN	NAGE TATE F	MENT C	OMPANY LLC		

Employer's FED ID number 20 - 2874566	• Employee's \$5A number 410-89-8082	
Social security tipe	8 Allocated tips 10 Dependent cars benefits	
1 Honqualified plans	12a See instructions for box 12	
4 Other	12b	
	120	
	124	
	13 Stat emp Ret. plan 3rd party elck per	
M Employee's name, address of KAUSHIK KOLLA 5310 RUSTIC CT CUMMING, QA 300		

Pederal Filing Copy Wage and Tax Statement

Wages, tips, other comp. 2741.08	2 Federal income tax withheld 22.44	1 Wages, tips, other comp. 2741 . 08
Social security wages 2741.08	4 Social security tax withheld 169,95	3 Social security wages 2741.08
Medicare wages and tips 2741.08	6 Medicare tax withheld 39.75	5 Medicare wages and tips 2741.08
Control number Dept 0000084639 T75		d Control number Dept. 0000084639 T75
Employer's name, address LTF CLUB MANAGI 2902 CORPORATE CHANHASSEN, MN	EMENT COMPANY LLC PLACE	© Employer's name, address, LTF CLUB MANAGE 2902 CORPORATE P CHANHASSEN, MN
Employer's FED ID number 20-2874566	a Employee's SSA number 410-89-8082	b Employer's FED ID number 20-2874566 7 Social security tips
	10 Dependent care benefits	0
11 Nonqualified plans	124	11 Nonqualified plans
4 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd perty elick psy	14 Other
M Employee's name, address KAUSHIK KOLLA 5310 RUSTIC CT CUMMING, GA 30	and ZIP code	e/f Employee's name, address of KAUSHIK KOLLA 5310 RUSTIC CT CUMMING, GA 3004
15 State Employer's state ID 2267963-ZA		15 State Employer's state ID no.
17 State income tax 2.37	18 Local wages, tipe, etc.	17 State Income tax
9 Local income tex	20 Locality name	19 Local income tax

21-11100				
5 Medicare wages and tips 2741.08		6 Medicare tax withheld 39.75		
d Control number	Dept.	Corp.	Employer use only	
0000084639 175	1	MGC5	25997	
Employer's name, e LTF CLUB MAI 2902 CORPORA CHANHASSEN,	NAGEM	ENT CO ACE	• DMPANY LLC	
Employer's FED ID 20 - 287456	number 66	}	ree's SSA number 410-89-8082	
Social security tips		8 Allocat	ed tipe	
		10 Depen	dent care benefits	
11 Nonqualified plans		124		
14 Other		12b		
14 Other		120		
		12d		
		13 Stat emp	. Ret. plan 3rd party sick pay	
MAUSHIK KOLL		d ZIP code		
5310 RUSTIC C CUMMING, GA	T)		
•				

City or Local Filing Copy