

		<b>a</b> Employee's social security number 322-69-0687	OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
<b>b</b> Employer identification number (EIN) 47-1004047			<b>1</b> Wages, tips, other compensation 47926.00		<b>2</b> Federal income tax withheld 8059.58					
<b>c</b> Employer's name, address, and ZIP code ASPYRETECH INC 4137 MEXICO ROAD  ST PETERS MO 63376			<b>3</b> Social security wages 47926.00		<b>4</b> Social security tax withheld 2971.41					
			<b>5</b> Medicare wages and tips 47926.00		<b>6</b> Medicare tax withheld 694.93					
			<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial      Last name      Suff. VISHNU KUMAR      PEDDI  457 SETON HALL CT  VALLEY PARK MO 63088			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12					
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>					
			<b>14</b> Other		<b>12c</b>					
					<b>12d</b>					
<b>f</b> Employee's address and ZIP code										
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name				
MO	23215691	47926.00	1817.00							

Form **W-2** Wage and Tax Statement  
**Copy C—For EMPLOYEE'S RECORDS**  
(See *Notice to Employee* on the back of Copy B.)

**2021**

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use



		<b>a</b> Employee's social security number 322-69-0687	OMB No. 1545-0008							
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<b>e</b> Employee's first name and initial      Last name      Suff. VISHNU KUMAR      PEDDI  457 SETON HALL CT  VALLEY PARK MO 63088			<b>11</b> Nonqualified plans		<b>12a</b>					
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>					
			<b>14</b> Other		<b>12c</b>					
					<b>12d</b>					
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<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name				
MO	23215691	47926.00	1817.00							

Form **W-2** Wage and Tax Statement  
**Copy 2—To Be Filed With Employee's State, City, or Local  
Income Tax Return**

**2021**

Department of the Treasury—Internal Revenue Service