<u>b Employer's Identification number</u> 26 - 0020648	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	39145.37	2891.00
BLUESTONE LLC	12b	3 Social security wages	4 Social security tax withheld
DEGESTORE EDC	\$		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
1 OAKDENE DR STE 200	\$		
	12d	7 Social security tips	8 Allocated tips
BARRINGTON IL 60010-4036	\$		
e Employee's first name and initial Last name	_	9	10 Dependent care benefits
417002997	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
SRIKANTH PEDAVALLI	Copy B To Be Filed with		employee plan sick pay
5303 VASSAR DR			
	Employee's FEDERAL	14 Other	
	Tax Return		
GREER SC 29650		-	
	a Employee's soc. sec. no		
f Employee's address and ZIP code	745-15-3091		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC 103104640 39145.37 2526.61			
	1		
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return

<u>b Employer's Identification number</u> 26 - 0020648	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	39145.37	2891.00
BLUESTONE LLC	12b	3 Social security wages	4 Social security tax withheld
	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
1 OAKDENE DR STE 200	\$		
	12d	7 Social security tips	8 Allocated tips
BARRINGTON IL 60010-4036	\$		
e Employee's first name and initial Last name	_	9	10 Dependent care benefits
417002997			
SRIKANTH PEDAVALLI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
5303 VASSAR DR	Local Tax Departments	14 Other	
		14 Other	
GREER SC 29650	a Employee's soc. sec. no		
f Employee's address and ZIP code	745-15-3091	1	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC 103104640 39145.37 2526.61	-		
	1		
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be F
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REV 12/20/21 OSP

b Employer's Identification number c Employer's name, address, and ZIP code 26 - 0020648	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	\$	39145.37	2891.00
BLUESTONE LLC	12b	3 Social security wages	4 Social security tax withheld
DEGEDICAE ELC	ls		
1 OAKDENE DR STE 200	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
BARRINGTON IL 60010-4036	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
417002997			
SRIKANTH PEDAVALLI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
5303 VASSAR DR	Local Tax Departments		
		14 Other	•
GREER SC 29650			
	a Employee's soc. sec. no	4	
_f Employee's address and ZIP code	745-15-3091		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC 103104640 39145.37 2526.61			
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 26 - 0020648	2	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		\$	39145.37	2891.00
BLUESTONE LLC		12b	3 Social security wages	4 Social security tax withheld
		\$		
		12c	5 Medicare wages and tips	6 Medicare tax withheld
1 OAKDENE DR STE 200		\$		
		12d	7 Social security tips	8 Allocated tips
BARRINGTON IL 60010-4036		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
417002	997	Internal Revenue Service. If you are required to file a tax return, a negligence		
		penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
SRIKANTH PEDAVALLI		on you if this income is taxable and you fail to report it.		employee plan sick pay
5303 VASSAR DR				
		Copy C for Employee's Records (see notice to	14 Other	
		Employee on back.)		
GREER SC 29650				
		a Employee's soc. sec. no		
f Employee's address and ZIP code		745-15-3091		
15 State Employer's state I.D. No. 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC 103104640 39145.3	2526.61			
		1		1