



003295

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	29438.64	4817.53
This information is being furnished to the Internal Revenue Service if you are required to file an income tax return, or other person to whom it may be required to report it.	3 Social security wages	4 Social security tax withheld
	30063.64	1863.95
	5 Medicare wages and tips	6 Medicare tax withheld
	30063.64	435.92

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 15.75
12b D 625.00	12c DD 884.20	12d
12e	b Employer identification number (EIN)	a Employee's social security number
	91-2032865	838-01-1886
13 Statutory employee	Retirement plan	Third-party sick pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Other		

ef Employee's name, address, and ZIP code  
 SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	29438.64	4817.53
This information is being furnished to the Internal Revenue Service if you are required to file an income tax return, or other person to whom it may be required to report it.	3 Social security wages	4 Social security tax withheld
	30063.64	1863.95
	5 Medicare wages and tips	6 Medicare tax withheld
	30063.64	435.92

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 15.75
12b D 625.00	12c DD 884.20	12d
12e	b Employer identification number (EIN)	a Employee's social security number
	91-2032865	838-01-1886
13 Statutory employee	Retirement plan	Third-party sick pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Other		

ef Employee's name, address, and ZIP code  
 SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

NJ 912032865000 28731.04

Wage and Tax Statement

2021

17 State income tax 18 Local wages, tips, etc.

1527.84

19 Local income tax 20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

NJ 912032865000 28731.04

Wage and Tax Statement

2021

17 State income tax 18 Local wages, tips, etc.

1527.84

19 Local income tax 20 Locality name

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	29438.64	4817.53
This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	30063.64	1863.95
	5 Medicare wages and tips	6 Medicare tax withheld
	30063.64	435.92

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 15.75
12b D 625.00	12c DD 884.20	12d
12e	b Employer identification number (EIN)	a Employee's social security number
	91-2032865	838-01-1886
13 Statutory employee	Retirement plan	Third-party sick pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Other		

ef Employee's name, address, and ZIP code  
 SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	29438.64	4817.53
This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	30063.64	1863.95
	5 Medicare wages and tips	6 Medicare tax withheld
	30063.64	435.92

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		C 15.75
12b D 625.00	12c DD 884.20	12d
12e	b Employer identification number (EIN)	a Employee's social security number
	91-2032865	838-01-1886
13 Statutory employee	Retirement plan	Third-party sick pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Other		

ef Employee's name, address, and ZIP code  
 SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

NJ 912032865000 28731.04

Wage and Tax Statement

2021

17 State income tax 18 Local wages, tips, etc.

1527.84

19 Local income tax 20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

NJ 912032865000 28731.04

Wage and Tax Statement

2021

17 State income tax 18 Local wages, tips, etc.

1527.84

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.



003298

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this return is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this return is being furnished to the Internal Revenue Service.	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number WI 036000054586704 16 State wages, tips, etc. 29438.64

Wage and Tax Statement 2021

17 State income tax 243.51 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this return is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this return is being furnished to the Internal Revenue Service.	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

e Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number WI 036000054586704 16 State wages, tips, etc. 29438.64

Wage and Tax Statement 2021

17 State income tax 243.51 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service.	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

c Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number WI 036000054586704 16 State wages, tips, etc. 29438.64

Wage and Tax Statement 2021

17 State income tax 243.51 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
This information is being furnished to the Internal Revenue Service.	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

c Employer's name, address, and ZIP code  
 AVANADE INC.  
 SUITE 100  
 1191 SECOND AVENUE  
 SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
 5112 BROOKSIDE DR APT 207  
 MADISON, WI 53718-1905

Form **W-2** 15 State Employer's state ID number WI 036000054586704 16 State wages, tips, etc. 29438.64

Wage and Tax Statement 2021

17 State income tax 243.51 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.



003297

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service if you are required to file a tax return, a refundable benefit or other credit may be imposed on you if the income is taxable and you fail to report it.	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

c Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYS DI NYPFL 7.80 154.93

e/f Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form <b>W-2</b>	15 State NY	Employer's state ID number 9120328655	16 State wages, tips, etc. 29438.64
<b>Wage and Tax Statement</b> <b>2021</b>	17 State income tax 317.12	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYS DI NYPFL 7.80 154.93

e/f Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form <b>W-2</b>	15 State NY	Employer's state ID number 9120328655	16 State wages, tips, etc. 29438.64
<b>Wage and Tax Statement</b> <b>2021</b>	17 State income tax 317.12	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
This information is being furnished to the Internal Revenue Service if you are required to file a tax return, a refundable benefit or other credit may be imposed on you if the income is taxable and you fail to report it.	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

c Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYS DI NYPFL 7.80 154.93

e/f Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form <b>W-2</b>	15 State NY	Employer's state ID number 9120328655	16 State wages, tips, etc. 29438.64
<b>Wage and Tax Statement</b> <b>2021</b>	17 State income tax 317.12	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
This information is being furnished to the Internal Revenue Service	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYS DI NYPFL 7.80 154.93

e/f Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form <b>W-2</b>	15 State NY	Employer's state ID number 9120328655	16 State wages, tips, etc. 29438.64
<b>Wage and Tax Statement</b> <b>2021</b>	17 State income tax 317.12	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.



003296

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy of this information may be placed on your Form 1040 or 1040-EZ and you may file to report it.	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYWAGE 5944.27

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form	15 State	Employer's state ID number	16 State wages, tips, etc.
<b>W-2</b>	-----		-----
	Wage and Tax Statement		17 State income tax
	<b>2021</b>		18 Local wages, tips, etc.
-----		19 Local income tax	20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation *****	2 Federal income tax withheld *****
This information is being furnished to the Internal Revenue Service	3 Social security wages *****	4 Social security tax withheld *****
	5 Medicare wages and tips *****	6 Medicare tax withheld *****

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips *****	8 Allocated tips *****	9	
10 Dependent care benefits *****	11 Nonqualified plans *****	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYWAGE 5944.27

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form	15 State	Employer's state ID number	16 State wages, tips, etc.
<b>W-2</b>	-----		-----
	Wage and Tax Statement		17 State income tax
	<b>2021</b>		18 Local wages, tips, etc.
-----		19 Local income tax	20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYWAGE 5944.27

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form	15 State	Employer's state ID number	16 State wages, tips, etc.
<b>W-2</b>	-----		-----
	Wage and Tax Statement		17 State income tax
	<b>2021</b>		18 Local wages, tips, etc.
-----		19 Local income tax	20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 29438.64	2 Federal income tax withheld 4817.53
	3 Social security wages 30063.64	4 Social security tax withheld 1863.95
	5 Medicare wages and tips 30063.64	6 Medicare tax withheld 435.92

e Employer's name, address, and ZIP code

AVANADE INC.  
SUITE 100  
1191 SECOND AVENUE  
SEATTLE, WA 98101

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
12b	12c	12d	
12e	b Employer identification number (EIN) 91-2032865	a Employee's social security number 838-01-1886	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	14 Other NYWAGE 5944.27

ef Employee's name, address, and ZIP code

SHIVA SAI KRISH MALLARAPU  
5112 BROOKSIDE DR APT 207  
MADISON, WI 53718-1905

Form	15 State	Employer's state ID number	16 State wages, tips, etc.
<b>W-2</b>	-----		-----
	Wage and Tax Statement		17 State income tax
	<b>2021</b>		18 Local wages, tips, etc.
-----		19 Local income tax	20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.