									Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5		
									rederal box 1	Soc. Sec. Box 3 6	. / Medicare Box 5		
							Gross Wage	_	102002	24 402002	102002.21		
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.									102083.	31 102083.	31 102083.31		
Please	note that t	ne Gross amour	it Shown may	iiiciuue a	iajustinents.	Txbl Benefit							
							Group Term	Life					
							Adoption						
							Deferred Comp (1982.50)						
							Section 125	i					
							Other Pretax/Wage Limit						
							W-2 Wages		100100.	81 102083.	31 102083.31		
D. CONTROL	NIIMBED	mar					1. WAGES, TIPS, OTHER COMPENSATION 2. FEDERAL INCO				V WITHHELD		
00004995		This Information is being furnished to the Internal Revenue Service			2021 OMB NO. 1545-0008		100100.81			16718.87			
B. EMPLOYE	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER		3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
83-417220	)3		XXX-XX-5032				102083.31			6329.17			
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD		
Spreetail,								102083	3.31		1480.21		
2021 Trans Suite 2500		Drive					7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS			
Lincoln NE													
Emicom NE	00500						9.			10. DEPENDENT CARE BENEFITS			
	E'S FIRST NAM	IE AND INITIAL	LAST NA	ME		SUFF.	11. NONQUALIFIED PLANS			12.a-d D	1982.50		
Karthik			Tumu										
7338 S 184th St Omaha NF 68136							14. OTHER						
USA	68136												
										13. STATUTORY RETIR	EMENT X THIRD PARTY		
		AND ZIP CODE								EMPLOYEE PLAN	SICK PAY		
15. STATE NE	21-01339	S STATE I.D. NO. 8547	16. STATE WAG	100100.		TE INCOME T	AX 5455.39	18. LOCAL WAGES, T	IPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL	. NUMBER	This Information is	being furnished		01.40	NO 4545 0000		1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
000049957	7601	to the Internal Revenue Service		2021	OMB	1B NO. 1545-0008		100	100.81		16718.87		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4	4. SOCIAL SECURITY TAX WITHHELD		
83-4172203 XXX-XX-5032							102083.31				6329.17		
C. EMPLOYE	R'S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6	6. MEDICARE TAX WITHHELD		
Spreetail, I							102083.31				1480.21		
	2021 Transformation Drive Suite 2500							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Ellicolli NE	00300				9.			10	10. DEPENDENT CARE BENEFITS				
E. EMPLOYER Karthik	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  Karthik Tumu					11. NONQUALIFIED PLANS			1.	2.a-d D	1982.50		
7338 S 184th St Omaha NE 68136 USA						14. OTHER							
								13	3. STATUTORY RETIR	THIRD PARTY SICK PAY			
		AND ZIP CODE											
15. STATE	5. STATE   EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME		TAX	18. LOCAL WAGE	S, TIPS, ETC.	19. LC	OCAL INCOME TAX	20. LOCALITY NAME					
NE	21-013398547 100100.81				5455.39								

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000049957601	This Information is to the Internal Rev		2021	MB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 100100.81	2. FEDERAL INCOME	2. FEDERAL INCOME TAX WITHHELD 16718.87		
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S S	EMPLOYEE'S SOCIAL SECURITY NUMBER			CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
83-4172203 XXX-XX-5032						102083.31		6329.17		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
Spreetail, LLC						102083.31		1480.21		
2021 Transformation Drive Suite 2500					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Lincoln NE 68508							10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAI Karthik	LAST NAME SUFF. Tumu			11. NONQUAL	IFIED PLANS	12.a-d D	1982.50			
7338 S 184th St Omaha NE 68136 USA					14. OTHER					
F. EMPLOYEE'S ADDRESS	AND ZIP CODE						13. STATUTORY RE	TIREMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER NE 21-01339	S STATE I.D. NO. 98547	16. STATE WAGE	S, TIPS, ETC 100100.8		TAX 5455.39	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000049957601	This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-000	8 1. WAGES, T	IPS, OTHER COMPENSATION 100100.81		2. FEDERAL INCOME TA	XX WITHHELD 16718.87		
B. EMPLOYER IDENTIFICA	ATION NUMBER	A. EMPLOYEE'S S	OCIAL SECUE	RITY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
83-4172203		XXX-XX-5032				102083.31	6329.17				
C. EMPLOYER'S NAME, A	ADDRESS, AND ZIP O	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD				
Spreetail, LLC						102083.31	1480.21				
2021 Transformation Suite 2500 Lincoln NE 68508	Drive				7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS				
LINCOIN NE 00300					9.		10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NAM	ME	SUFI	. 11. NONQUA	11. NONQUALIFIED PLANS			1982.50		
Karthik		Tumu									
7338 S 184th St Omaha NE 68136 USA					14. OTHER						
F. EMPLOYEE'S ADDRES	S AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER NE 21-0133	'S STATE I.D. NO. 98547	16. STATE WAGES	S, TIPS, ETC 100100.8		TAX 5455.39	18. LOCAL WAGES, TIPS, ETC	. 19	LOCAL INCOME TAX	20. LOCALITY NAME		