

|  |  |   |  |   |  |   |                     |   |  |                                |  |  |
|--|--|---|--|---|--|---|---------------------|---|--|--------------------------------|--|--|
| 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. |  |   |  | Federal Box 1                                   |  |   | Soc. Sec. Box 3 & 7 |   |  | Medicare Box 5                 |  |  |
|  |  |   |  | Gross Wages                                     |  |   | 32396.05            |   |  | 32396.05                       |  |  |
|  |  |   |  | Txbl Benefits                                   |  |   |                     |   |  |                                |  |  |
|  |  |   |  | Group Term Life                                 |  |   |                     |   |  |                                |  |  |
|  |  |   |  | Adoption  |  |   |                     |   |  |                                |  |  |
|  |  |   |  | Deferred Comp                                   |  |   | (4859.45)           |   |  |                                |  |  |
|  |  |   |  | Section 125                                     |  |   | (1752.96)           |   |  | (1752.96)                      |  |  |
|  |  |   |  | Other Pretax/Wage Limit                         |  |   |                     |   |  |                                |  |  |
|  |  |   |  | W-2 Wages                                       |  |   | 25783.64            |   |  | 30643.09                       |  |  |
| D. CONTROL NUMBER  |  | This Information is being furnished to the Internal Revenue Service |  | 2021  |  | OMB NO. 1545-0008                                   |                     | 1. WAGES, TIPS, OTHER COMPENSATION            |  | 2. FEDERAL INCOME TAX WITHHELD |  |  |
| 000030054501   |  |   |  |   |  |   |                     | 25783.64                                      |  | 833.64                         |  |  |
| B. EMPLOYER IDENTIFICATION NUMBER  |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER                                |  | 3. SOCIAL SECURITY WAGES                        |  | 4. SOCIAL SECURITY TAX WITHHELD                     |                     | 30643.09                                      |  | 1899.87                        |  |  |
| 23-2528512   |  | 731-05-6350   |  |   |  |   |                     |   |  |                                |  |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  |  |   |  | 5. MEDICARE WAGES AND TIPS                      |  | 6. MEDICARE TAX WITHHELD                            |                     | 30643.09                                      |  | 444.32                         |  |  |
| PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103   |  |   |  | 7. SOCIAL SECURITY TIPS                         |  | 8. ALLOCATED TIPS                                   |                     |   |  |                                |  |  |
|  |  |   |  | 9.  |  | 10. DEPENDENT CARE BENEFITS                         |                     |   |  |                                |  |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL   |  | LAST NAME   |  | SUFF.   |  | 11. NONQUALIFIED PLANS                              |                     | 12.a-d D                                      |  | 4859.45                        |  |  |
| Ram p  |  | Potluri   |  |   |  |   |                     | DD  |  | 8046.52                        |  |  |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA  |  |   |  | 14. OTHER NY FL                                 |  | 165.55  |                     |   |  |                                |  |  |
|  |  |   |  | NY DI   |  | 26.40   |                     |   |  |                                |  |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE   |  |   |  | 13. STATUTORY EMPLOYEE <input type="checkbox"/> |  | RETIREMENT PLAN <input checked="" type="checkbox"/> |                     | THIRD PARTY SICK PAY <input type="checkbox"/> |  |                                |  |  |
| 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           |  |  |
| NJ   |  | 232-528-512/000   |  | 27536.60  |  | 2.61  |                     |   |  |                                |  |  |

|  |  |                                      |  |   |  |   |  |   |  |                                    |  |                                |  |
|--|--|--------------------------------------|--|---|--|---|--|---|--|------------------------------------|--|--------------------------------|--|
| D. CONTROL NUMBER  |  |                                      |  | This Information is being furnished to the Internal Revenue Service |  | 2021  |  | OMB NO. 1545-0008                             |  | 1. WAGES, TIPS, OTHER COMPENSATION |  | 2. FEDERAL INCOME TAX WITHHELD |  |
| 000030054501   |  |                                      |  |   |  |   |  |   |  | 25783.64                           |  | 833.64                         |  |
| B. EMPLOYER IDENTIFICATION NUMBER  |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER |  | 3. SOCIAL SECURITY WAGES  |  | 4. SOCIAL SECURITY TAX WITHHELD                     |  | 30643.09                                      |  | 1899.87                            |  |                                |  |
| 23-2528512   |  | 731-05-6350                          |  |   |  |   |  |   |  |                                    |  |                                |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                                    |  |                                      |  | 5. MEDICARE WAGES AND TIPS  |  | 6. MEDICARE TAX WITHHELD                            |  | 30643.09                                      |  | 444.32                             |  |                                |  |
| PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |                                      |  | 7. SOCIAL SECURITY TIPS   |  | 8. ALLOCATED TIPS                                   |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | 9.  |  | 10. DEPENDENT CARE BENEFITS                         |  |   |  |                                    |  |                                |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL   |  | LAST NAME                            |  | SUFF.   |  | 11. NONQUALIFIED PLANS                              |  | 12.a-d D                                      |  | 4859.45                            |  |                                |  |
| Ram p  |  | Potluri                              |  |   |  |   |  | DD  |  | 8046.52                            |  |                                |  |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA                              |  |                                      |  | 14. OTHER NY FL   |  | 165.55  |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | NY DI   |  | 26.40   |  |   |  |                                    |  |                                |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE   |  |                                      |  | 13. STATUTORY EMPLOYEE <input type="checkbox"/>                     |  | RETIREMENT PLAN <input checked="" type="checkbox"/> |  | THIRD PARTY SICK PAY <input type="checkbox"/> |  |                                    |  |                                |  |
| 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              |  |
| NJ   |  | 232-528-512/000                      |  | 27536.60  |  | 2.61  |  |   |  |                                    |  |                                |  |

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  |  |                                      |  | This Information is being furnished to the Internal Revenue Service |  | 2021  |  | OMB NO. 1545-0008                             |  | 1. WAGES, TIPS, OTHER COMPENSATION |  | 2. FEDERAL INCOME TAX WITHHELD |  |
| 000030054501   |  |                                      |  |   |  |   |  |   |  | 25783.64                           |  | 833.64                         |  |
| B. EMPLOYER IDENTIFICATION NUMBER  |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER |  | 3. SOCIAL SECURITY WAGES  |  | 4. SOCIAL SECURITY TAX WITHHELD                     |  | 30643.09                                      |  | 1899.87                            |  |                                |  |
| 23-2528512   |  | 731-05-6350                          |  |   |  |   |  |   |  |                                    |  |                                |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                                    |  |                                      |  | 5. MEDICARE WAGES AND TIPS  |  | 6. MEDICARE TAX WITHHELD                            |  | 30643.09                                      |  | 444.32                             |  |                                |  |
| PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |                                      |  | 7. SOCIAL SECURITY TIPS   |  | 8. ALLOCATED TIPS                                   |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | 9.  |  | 10. DEPENDENT CARE BENEFITS                         |  |   |  |                                    |  |                                |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL   |  | LAST NAME                            |  | SUFF.   |  | 11. NONQUALIFIED PLANS                              |  | 12.a-d D                                      |  | 4859.45                            |  |                                |  |
| Ram p  |  | Potluri                              |  |   |  |   |  | DD  |  | 8046.52                            |  |                                |  |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA                              |  |                                      |  | 14. OTHER NY FL   |  | 165.55  |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | NY DI   |  | 26.40   |  |   |  |                                    |  |                                |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE   |  |                                      |  | 13. STATUTORY EMPLOYEE <input type="checkbox"/>                     |  | RETIREMENT PLAN <input checked="" type="checkbox"/> |  | THIRD PARTY SICK PAY <input type="checkbox"/> |  |                                    |  |                                |  |
| 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              |  |
| NJ   |  | 232-528-512/000                      |  | 27536.60  |  | 2.61  |  |   |  |                                    |  |                                |  |

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  |  |                                      |  | This Information is being furnished to the Internal Revenue Service |  | 2021  |  | OMB NO. 1545-0008                             |  | 1. WAGES, TIPS, OTHER COMPENSATION |  | 2. FEDERAL INCOME TAX WITHHELD |  |
| 000030054501   |  |                                      |  |   |  |   |  |   |  | 25783.64                           |  | 833.64                         |  |
| B. EMPLOYER IDENTIFICATION NUMBER  |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER |  | 3. SOCIAL SECURITY WAGES  |  | 4. SOCIAL SECURITY TAX WITHHELD                     |  | 30643.09                                      |  | 1899.87                            |  |                                |  |
| 23-2528512   |  | 731-05-6350                          |  |   |  |   |  |   |  |                                    |  |                                |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                                    |  |                                      |  | 5. MEDICARE WAGES AND TIPS  |  | 6. MEDICARE TAX WITHHELD                            |  | 30643.09                                      |  | 444.32                             |  |                                |  |
| PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |                                      |  | 7. SOCIAL SECURITY TIPS   |  | 8. ALLOCATED TIPS                                   |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | 9.  |  | 10. DEPENDENT CARE BENEFITS                         |  |   |  |                                    |  |                                |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL   |  | LAST NAME                            |  | SUFF.   |  | 11. NONQUALIFIED PLANS                              |  | 12.a-d D                                      |  | 4859.45                            |  |                                |  |
| Ram p  |  | Potluri                              |  |   |  |   |  | DD  |  | 8046.52                            |  |                                |  |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA                              |  |                                      |  | 14. OTHER NY FL   |  | 165.55  |  |   |  |                                    |  |                                |  |
|  |  |                                      |  | NY DI   |  | 26.40   |  |   |  |                                    |  |                                |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE   |  |                                      |  | 13. STATUTORY EMPLOYEE <input type="checkbox"/>                     |  | RETIREMENT PLAN <input checked="" type="checkbox"/> |  | THIRD PARTY SICK PAY <input type="checkbox"/> |  |                                    |  |                                |  |
| 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              |  |
| NJ   |  | 232-528-512/000                      |  | 27536.60  |  | 2.61  |  |   |  |                                    |  |                                |  |

Copy B To be filed with Employee's FEDERAL tax return 2021 Dept. of the Treasury - Internal Revenue Service  
FORM **W-2 Wage and Tax Statement**

|   |  |   |                                |                             |                      |   |                                 |
|---|--|---|--------------------------------|-----------------------------|----------------------|---|---------------------------------|
| D. CONTROL NUMBER<br>000030054502   |  | This Information is being furnished to the Internal Revenue Service |                                | 2021                        | OMB NO. 1545-0008    | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |
| B. EMPLOYER IDENTIFICATION NUMBER<br>23-2528512   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>731-05-6350                 |                                |                             |                      | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |   |                                |                             |                      | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |
|   |  |   |                                |                             |                      | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |
|   |  |   |                                |                             |                      | 9.  | 10. DEPENDENT CARE BENEFITS     |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Ram p   |  | LAST NAME<br>Potluri  |                                | SUFF.                       |                      | 11. NONQUALIFIED PLANS  | 12.a-d                          |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA   |  |   |                                |                             |                      | 14. OTHER   |                                 |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |   |                                |                             |                      | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |                                 |
| 15. STATE<br>NY   | EMPLOYER'S STATE I.D. NO.<br>232528512 | 16. STATE WAGES, TIPS, ETC.<br>25783.64                             | 17. STATE INCOME TAX<br>770.21 | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME   |                                 |

|   |  |   |                                |                             |                      |   |                                 |
|---|--|---|--------------------------------|-----------------------------|----------------------|---|---------------------------------|
| D. CONTROL NUMBER<br>000030054502   |  | This Information is being furnished to the Internal Revenue Service |                                | 2021                        | OMB NO. 1545-0008    | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |
| B. EMPLOYER IDENTIFICATION NUMBER<br>23-2528512   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>731-05-6350                 |                                |                             |                      | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |   |                                |                             |                      | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |
|   |  |   |                                |                             |                      | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |
|   |  |   |                                |                             |                      | 9.  | 10. DEPENDENT CARE BENEFITS     |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Ram p   |  | LAST NAME<br>Potluri  |                                | SUFF.                       |                      | 11. NONQUALIFIED PLANS  | 12.a-d                          |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA   |  |   |                                |                             |                      | 14. OTHER   |                                 |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |   |                                |                             |                      | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |                                 |
| 15. STATE<br>NY   | EMPLOYER'S STATE I.D. NO.<br>232528512 | 16. STATE WAGES, TIPS, ETC.<br>25783.64                             | 17. STATE INCOME TAX<br>770.21 | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME   |                                 |

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FORM **W-2 Wage and Tax Statement**

|   |  |   |                                |                             |                      |   |                                 |
|---|--|---|--------------------------------|-----------------------------|----------------------|---|---------------------------------|
| D. CONTROL NUMBER<br>000030054502   |  | This Information is being furnished to the Internal Revenue Service |                                | 2021                        | OMB NO. 1545-0008    | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |
| B. EMPLOYER IDENTIFICATION NUMBER<br>23-2528512   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>731-05-6350                 |                                |                             |                      | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |   |                                |                             |                      | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |
|   |  |   |                                |                             |                      | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |
|   |  |   |                                |                             |                      | 9.  | 10. DEPENDENT CARE BENEFITS     |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Ram p   |  | LAST NAME<br>Potluri  |                                | SUFF.                       |                      | 11. NONQUALIFIED PLANS  | 12.a-d                          |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA   |  |   |                                |                             |                      | 14. OTHER   |                                 |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |   |                                |                             |                      | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |                                 |
| 15. STATE<br>NY   | EMPLOYER'S STATE I.D. NO.<br>232528512 | 16. STATE WAGES, TIPS, ETC.<br>25783.64                             | 17. STATE INCOME TAX<br>770.21 | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME   |                                 |

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FORM **W-2 Wage and Tax Statement**

|   |  |   |                                |                             |                      |   |                                 |
|---|--|---|--------------------------------|-----------------------------|----------------------|---|---------------------------------|
| D. CONTROL NUMBER<br>000030054502   |  | This Information is being furnished to the Internal Revenue Service |                                | 2021                        | OMB NO. 1545-0008    | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |
| B. EMPLOYER IDENTIFICATION NUMBER<br>23-2528512   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>731-05-6350                 |                                |                             |                      | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>PRWT Services, Inc.<br>1835 Market St.<br>Suite 800<br>Philadelphia PA 19103 |  |   |                                |                             |                      | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |
|   |  |   |                                |                             |                      | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |
|   |  |   |                                |                             |                      | 9.  | 10. DEPENDENT CARE BENEFITS     |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Ram p   |  | LAST NAME<br>Potluri  |                                | SUFF.                       |                      | 11. NONQUALIFIED PLANS  | 12.a-d                          |
| 2412 CANDLELIGHT CT<br>HELMETTA NJ 08828<br>USA   |  |   |                                |                             |                      | 14. OTHER   |                                 |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |   |                                |                             |                      | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |                                 |
| 15. STATE<br>NY   | EMPLOYER'S STATE I.D. NO.<br>232528512 | 16. STATE WAGES, TIPS, ETC.<br>25783.64                             | 17. STATE INCOME TAX<br>770.21 | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME   |                                 |

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FORM **W-2 Wage and Tax Statement**