Box 6 of W-2

Wage and Tax Statement Form W-2 Copy C - For EMPLOYEE'S RECORDS 5057

This information is being furnished to the IRS. If you are required to file a lax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

ORI29 2241 00474

mployer's name, address, and ZIP code NB VENTURES INC 100 WALNUT AVE FLOOR 3 CLARK NJ 07066

ee's name, address, and ZIP code NITHIN PALLE

1002 N PLUM GROVE RD, APT 30 SCHAUMBURG IL 60173

SCHAUMBURG .	TTI	001/5	
31624.4 Wages, tips, other com		2 Federal in	3788.56 ncome tax withheld
3 Social security wages		4 Social se	curity tax withhel
5 Medicare wages and tip	s		tax withheld
7 Social security tips		8 Allocated	l tips
9		10 Depende	nt care benefits
11 Nongualified plans		12a C	25.80
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	12b D	1432.53
13 Statutory Retirement Third-part sick pay	ty	12c DD	345.00
employee plan		12d	
Employee's social security n 513-73-6522 Employer ID number (EIN) 22-3721259	0.	14	
15 St. Employer's state ID number	16 s	tate wages, tips, et	c. 17 State income tax
IL 22-3721259	3	1624.41	1506.60
18 Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name

2021 W-2 and Earnings Summary

Waçıəs, Tips, Other Comp. Box 1 of W-2 \$33,465.44 (\$33,056.94) N/A (\$408.50) \$0.00 \$33,465.44 \$0.00 (\$1,432.53) (\$408.50) \$0.00 Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions \$0.00 N/A Less: Third Party Sick Pay Less: Excess Wages \$0.00 \$31,624.41 Total Reported Wages Social Security Box 4 of W-2

Fed Income Box 2 of W-2 \$3,788.56

Tax Withheld

IL State Wages, Tips, etc. Box 16 of W-2 \$33,465.44 \$0.00 (\$1,432.53) (\$408.50)

Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Reported Wages

IL State Income Tax Box 17 of W-2 \$1,506.60

\$0.00 \$31,624.41

Tax Withheld

Form W-2

Medicare Wages and Tips Social Security Wages Box 3 of W-2 Box 5 of W-2 \$33,465,44 (\$33,056,94) N/A (\$408.50) \$0.00 \$0.00 Medicare

NITHIN PALLE 1002 N PLUM GROVE RD, APT 307 SCHAUMBURG, IL 60173

Wage and Tax Statement

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Wage and Tax Statement Form W-2 5057

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

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

This information is being furnished to the IRS. 00474 2241 0RI29

NB VENTURES INC

100 WALNUT AVE FLOOR 3 CLARK NJ 07066

Employee's name, address, and ZIP code NITHIN PALLE

1002 N PLUM GROVE RD, APT 30 SCHAUMBURG IL 60173

SCHAUMBURG 1	П ООТ, 3	
31624 . 4 1 Wages, tips, other comp		3788.56 ncome tax withheld
3 Social security wages		ecurity tax withheld
5 Medicare wages and tips	6 Medicar	e tax withheld
7 Social security tips	8 Allocated	d tips
9	10 Depende	ent care benefits
11 Nongualified plans	12a C	25.80
Tritoriquamos presidentes	12b D	1432.53
13 Statutory Retirement Third-party slick party	12c DD	345.00
	12d	
Employee's social security no 513 - 73 - 6522	0. 14	
Employer ID number (EIN) 22-3721259		
15 St. Employer's state ID number	16 State wages, tips, o	etc. 17 State income tax
IL 22-3721259	31624.4	1 1506.60
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

age and raz	2027	
ith		
ocal	OMB No. 1545-0008 Department of Treasury -	
	Internal Revenue Service	
00474		
E FLOOR	. 3	
ROVE RD 60173	, APT 30	
2 1.30 July 1	3788.56	
2 Federal income tax withheld		
4 Social security tax withheld		
6 Medicare	tax withheld	
8 Allocated tips		
, modulion		
10 Dependen	t care benefits	
10 Dependen	Como Daniento	
100 C	25.80	
-	Control of the Party of the Par	
-	1432.53	
A CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	345,00	
12d	- CONTRACTOR - CON	
14	14	
G and a support the of	c 17 State income to	
31624.41		
9 Local Income lax	20 Locality name	
	00474 NC E FLOOR 6 ROVE RD 60173 2 Federal inc 4 Social sec 6 Medicare 8 Allocated 10 Dependen 12a C 12b D 12c DD 12c DD 12d 14 6 State wages, tips, et 3 1624.41	

Copy 2 — To Be Filed Wit Employee's State, City, or Lo Income Tax Return.	th ocal	X Statement 2021 OMB No. 1545-0008 Department of Treasury Internal Revenue Sennce	
Control ORI29 2241	00474		
Employer's name, address, and ZIP code NB VENTURES IN 100 WALNUT AVI CLARK NJ 07066	E FLOOF	8 3	
Employee's name, address, and ZIP code NITHIN PALLE 1002 N PLUM GH SCHAUMBURG IL		O, APT 30	
31624.41 1 Wages, tips, other comp.	2 Federal in	3788.56 2 Federal income tax withheld	
3 Social security wages	4 Social se	curity tax withheld	
5 Medicare wages and tips	6 Medicare	tax withheld	
7 Social security tips	8 Allocated tips		
9	10 Depende	nt care benefits	
11 Nonqualified plans	12a C	25.80	
	12b D	1432.53	
13 Statutory Retirement Third-party sick pay	12c DD	345.00	
Employee's social security no. 513 - 73 - 6522	12d		
Employer ID number (EIN) 22 – 3721259			
15 St Employer's state (0 number IL 22 – 3721259	6 State wages, tips, 31624.4	and and only (a)	
18 Local wages, tips, etc.	9 Local income tax	20 Locality name	