

b Employer's Identification number c Employer's name, address, and ZIP code		26-3273067		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
INFO DINAMICA				\$	28480.00	3626.64
666 PLAINSBORO RD				12b	3 Social security wages	4 Social security tax withheld
PLAINSBORO NJ 08536				\$		
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
14343241				\$		
PARTHIVAN GOUD BOOSARAPU				12d	7 Social security tips	8 Allocated tips
1716 EMPRESS DR NW, APT 8J				\$		
ROANOKE VA 24012				9		
f Employee's address and ZIP code				10 Dependent care benefits		
15 State		Employer's state I.D. No.		11 Nonqualified plans		
VA	30-263273067F-001	16 State wages, tips, etc.	17 State income tax	13 Statutory employee Retirement plan Third-party sick pay		
		28480.00	1428.34	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Form W-2 Wage and Tax Statement 2021		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		
				Copy B To Be Filed With Employee's FEDERAL Tax Return		

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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 STATE, CITY, or LOCAL Tax Departments		

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Form W-2 Wage and Tax Statement 2021		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		
				Copy C For Employee's Records		