Copy B To Be Filed with Employee's 2021 FEDERAL Tax Return. OMB No. 1545-0008							Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008								
a Employee's SSN				2 Federal income tax withheld		a Emp	a Employee's SSN		1 Wages, tips, other comp.			2 Federal income tax withheld			
	55695.63			8021.00				•		55695.63			8021.00		
638-53-5922 b Employer ID no. (EIN)	3 Social security wages 4 55695.63			Social security tax withheld 3453.13				638-53-5922 3 Social security wages 55695.63			4 Social security tax withheld 3453.13				
	5 Medicare wages and tips 6			Medicare tax withheld				b Employer ID no. (EIN) 5 Medicare wages and tips				6 Medicare tax withheld			
45-2975594 55695.63					807.59			45-2975594 55695.63					807.59		
c Employer's name, address, and ZIP code SPINO INC								c Employer's name, address, and ZIP code SPINO INC							
1100 CORNWALL RD, SUITE# 100							1100 CORNWALL RD, SUITE# 100								
MONMOUTH JNCT NJ 08852							MO	MONMOUTH JNCT					NJ 08852		
d Control number							d Control number								
e Employee's name, a	ddress. a	and ZIP co	de			Suff.	e Employee's name, address, and ZIP code Suf						Suff.		
ANJALI SE							ANJALI SETLUR NAGESH								
114 NOVEM								114 NOVEMBER DR							
CAMP HILL				PA	17011		CAMP HILL				PA 17011				
7 Social security tips		8 Allocate	d tipe	9			7 Soci	al security tips		8 Allocate	od tine	9			
7 Social security lips		• Anocated tips		3		1 0001	7 Oocial security lips		• Allocated tipe		°				
10 Dependent care benefits		11 Nongualified plans		12a Code See inst. for box 12		10 Dependent care benefits		fite	11 Nongualified plans		12a Code See inst. for box 12				
IU Dependent care benefits		r nonqualitied plans		12a Code See Inst. for box 12		To Dependent care benefits		1115	i i Nonquaineu pians						
13	14 0	her		12b C	ode		13		14 Ot	her		12b Co	ode		
Statutory employee	PA-SUI		33.42				-	employee		SUI					
			001 00111		12c Code						12c Code				
Retirement Plan				12d Code			Retirement Plan								
Third-party sick pay				12d C	ode		Third-par	ty sick pay				12d Co	ode		
	1				1 7	09.86		, ,	1				-	T 0 0 0 C	
PA 20133031 55695.63					L /	09.00	PA 20133031				5569	95.63 1709.86		/09.86	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax							15 State	Employer's stat	te ID nur	nber	16 State wages, tip	s, etc.	17 State inc	come tax	
18 Local wages, tips, etc. 19 Local income tax			20 Loca	20 Locality name			18 Local wages, tips, etc. 19 Lo			Local income tax 20		0 Locality name			
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Form W-2 Wage and Ta This information is being furn	ished to th	ne Internal Re	venue Service.		Dept. of the Tr	easury - IRS	Form M	/-2 Wage and Ta	ax Staten	nent			Dept. of the	rreasury - IRS	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence
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This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.							REV 12/03/21 QBDT							
Copy C For EMPLOYEE'S RECORDS. 2021 (See Notice to Employees). OMB No. 1545-0008						Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No.						2 1 3 No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.		2 Federal income tax withheld		a Employee's SSN		1 Wages, tips, other comp.			2 Federal income tax withheld				
	55695.63		8021.00				55695.63			8021.00				
638-53-5922	3 Social security wages 4		4 Social security tax withheld		638-53-5922		3 Social security wages			4 Social security tax withheld				
b Employer ID no. (EIN)	55695.63		3453.13		b Empl	b Employer ID no. (EIN)			55695.63	3453.13				
	5 Medicare wages and tips		6 Medica	re tax withheld	2 Emp			icare wage	s and tips	6 Medicare tax withheld				
45-2975594		55695.63			807.59	45-	2975594			55695.63	807.59			
c Employer's name, address, and ZIP code SPINO INC							c Employer's name, address, and ZIP code SPINO INC							
1100 CORNWALL RD, SUITE# 100							1100 CORNWALL RD, SUITE# 100							
MONMOUTH JNCT					08852	MC	MONMOUTH JNCT					NJ 08852		
d Control number						d Con	trol number							
e Employee's name, address, and ZIP code Suff. ANJALI SETLUR NAGESH 114 NOVEMBER DR							e Employee's name, address, and ZIP code Suff. ANJALI SETLUR NAGESH 114 NOVEMBER DR							
CAMP HILL PA 1701					17011	CA	CAMP HILL				PA 17011			
7 Social security tips		8 Allocated tips		9		7 Socia	7 Social security tips		8 Allocated tips		9			
10 Dependent care bene	efits 1	11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		efits	s 11 Nonqualified plans		12a Code See inst. for box 12			
13 Statutory employee Retirement Plan Third-party sick pay	n		12b Code 12c Code 12d Code		Retireme			14 Other PA-SUI 33.42		12b Code 12c Code 12d Code				
PA 20133031 55691 15 State Employer's state ID number 16 State wages, tips				PA 15 State	PA 20133031 15 State Employer's state ID nur		55695 umber 16 State wages, tips,			1709.86 17 State income tax				
				20 Locality	/ name	18 Loca	18 Local wages, tips, etc. 19 Local income tax Form W-2 Wage and Tax Statement				20 Locality name Dept. of the Treasury - IRS			