b Employer's Identification number	26-1260542	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tay withheld
c Employer's name, address, and ZIP code	20-1200542	ls.	39873.24	4366.51
EA LEARN INC		12b	3 Social security wages	4 Social security tax withheld
EA LEAKN INC		ls.	21873.24	1356.14
100 METROPLEX DRIVE	CIITTE#102	12c	5 Medicare wages and tips	6 Medicare tax withheld
100 MEIROPLEX DRIVE	20115#102	 \$	21873.24	317.16
TD T CONT N.T. 00015		12d	7 Social security tips	8 Allocated tips
EDISON NJ 08817		[\$		
e Employee's first name and initial	Last name	This information is being furnished to the	9	10 Dependent care benefits
	3411628	Internal Revenue Service	44.11	
AMITH KUMAR SHETTY			11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
150 TALMADGE ROAD		Copy B To Be Filed with		
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		Tax Return		187.41
EDISON NJ 08817		a Employee's soc. sec. no	NJ SUI EE NJ FLI	153.84 111.65
		758-35-7894	INO FLI	111.65
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 S	State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ 261-260-542/000	39873.24 1273.80	10 20001 110 9001 11001 0101	10 2000 11001110 100	
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Form W-2 Wage and Tax Statement 2021	Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Retur
2021	-			
b Employer's Identification number	26-1260542	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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		l\$	21873.24	1356.14
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		12d	7 Social security tips	8 Allocated tips
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e Employee's first name and initial	Last name		9	10 Dependent care benefits
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VMIAT KIIMVD GIIDUUZ		Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
AMITH KUMAR SHETTY		Local Tax Departments		
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			NJ SDI	187.41
EDISON NJ 08817			NJ SUI EE	153.84
		a Employee's soc. sec. no	NJ FLI	111.65
f Employee's address and ZIP code	N-4 4:4- 47 C4-4- : 4	758-35-7894	401	20 Locality name
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-10 -		1	+	
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 ST	ATE CITY LOCAL T D
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2021		Omb # 1040 0000	Copy 2 to be theu with Employee's 317	ATE, CITT, OF LOCAL TAX DEPARTMENT
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