| | | | | | Copy C, for emp | loyee's records | | | |
|-------------------------|---|---------------------|-------------------------|-----|---|--|--|---------|--|
| Form W | -2 Wage | e and T | ax State | mer | nt 2021 | na, is substitution and | engan di dikaran di kalendar di kalend Kalendar | | |
| | er 0020-0022FB86 Void 0000000462 - 0000MO | | | | c Employer's name, address, and ZIP code SOURCE INFOTECH INC 3840 PARK AVENUE SUITE C-205 EDISON NJ 08820-0253 | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
| 22-3747193 XXX-XX-0915 | | | • | ı | | 1 Wages, tips, other compensation 16934.40 | 2 Federal income tax withheld 2460.83 | | |
| 3 Statutory employee | | rement slan X | Third-party sick pay | | | 3 Social security wages 16934.40 | 4 Social security tax withheld | 1049.93 | |
| 2 See instructions for | or box 12 | 14 Other | | | e Employee's name, address, and ZIP code | 5 Medicare wages and tips 16934.40 | 6 Medicare tax withheld | 245.55 | |
| | | | | | VINAY RAM SAI SEETHAMRAJU 2235 BIXLEY DR | 7 Social Security Tips | 8 Allocated Tips | | |
| | | | | | APT #08 CHESTERFIELD MO 63017 | 10 Dependent care benefits | 11 Nonqualified plans | | |

641.00

16934.40

Copy B, to be filed with employee's FEDERAL tax return

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement 2021

15 State

MO

25083694

| d Control number 0020-0022FB86 0000000462 - 000 | f ' | oid c Employer's name, | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|---|-------------------|--|-------------------------|----------------------------|---|-------------------------|--|--|
| b Employer identification number (EIN) a 22-3747193 13 Statutory Retirem plan | XXX-XX-0915 | SOURCE INF 3840 PARK A EDISON NJ (| VENUE SUITE C-205 | | 1 Wages, tips, other compensation 2 Federal income tax withheld 3 Social security wages 4 Social security tax withheld 16934.40 | | | |
| 12 See instructions for box 12 1 | Other | e Employee's name | , address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | | 1 | | | 16934.40 | 245.55 | | |
| | | VINAY RAM : 2235 BIXLEY | SAI SEETHAMRAJU DR | | 7 Social Security Tips | 8 Allocated Tips | | |
| | | APT #08 CHESTERFII | ELD MO 63017 | | 10 Dependent care benefits | 11 Nonqualified plans | | |
| | | | | | | | | |
| 15 State Employer's state ID num | ber 16 State wage | s, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| MO 25083694 | | 16934.40 | 641.00 | | | | | |

Copy 2, to be filed with employee's tax return for MO

Form W-2 Wage and Tax Statement 2021

| d Control number 0020-0022FB86 0000000462 - 0000MO | | address, and ZIP code | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | |
|--|--------------------------|--|----------------------------|---|--|--|
| b Employer identification number (EIN) a Employee's social security number 22-3747193 XXX-XX-0915 13 Statutory employee Refirement plan Third-party sick pay | 1 | FOTECH INC AVENUE SUITE C-205 08820-0253 | | Wages, lips, other compensation 16934.40 Social security wages 16934.40 | 2 Federal income tax withheld 2460.83 4 Social security tax withheld 1049.93 | |
| 12 See instructions for box 12 14 Other | e Employee's name | e, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | VINAY RAM 2235 BIXLEY | SAI SEETH AM RAJU 'DR | | 16934.40 7 Social Security Tips | 8 Allocated Tips | |
| | APT #08 CHESTERFI | ELD MO 63017 | | 10 Dependent care benefits | 11 Nonqualified plans | |
| | | | | | | |
| 15 State Employer's state ID number 16 State wa | es, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| MO 25083694 | 16934.40 | 641.00 | | | | |

Form W-2 Wage and Tax Statement 2021

| d Control number b Employer identification number (EIN) a Employee's social security num | Void X | c Employer's name, address, and ZIP code | | | Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 | | | |
|---|------------------|--|----------------------------|-------------|---|--------------------------------|--|--|
| b employer identification number (EIN) a Employee's social security number | i c i | | | 1 Wages, I | ips, other compensation | 2 Federal income tax withheld | | |
| 13 Statutory Retirement Third-pa employee plan sick pa | ty | | | 3 Social s∈ | ecurity wages | 4 Social security tax withheld | | |
| 12 See instructions for box 12 14 Other | | e Employee's name, address, and ZIP code | | | wages and tips | 6 Medicare tax withheld | | |
| | | | | 7 Social Se | ecurity Tips | 8 Allocated Tips | | |
| | | | | 10 Depende | ent care benefits | 11 Nonqualified plans | | |
| | | | | | | | | |
| 15 State Employer's state ID number 16 State | wages, tip | s, etc. 17 State income tax | 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | | |

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.

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