| a Employee's SSN 071-95-6336 | | b Employer identification number (EIN) 26 - 1151708 | | | OMB No. 1545-0008 |
|--|---|--|--|--|---|
| C Employer's name, address, and ZIP code TNINOVATIVE SOFTWARE SERVICES INC | | 1 Wgs, tips, other compn | 2 Fed inc tax withheld | 3 Social security wages | 14/ 2 |
| INNOVATIVE SOFTWARE SERVICES, INC | | 64650.20 | 9862.00 | 64650.20 | Form W-2 |
| CACE DEPT DOWN DD | | 4 SS tax withheld | 5 Medicare wages & tips | 6 Medicare tax withheld | Wage and |
| 6465 REFLECTIONS DR, SUITE 130 | | 4008.31 | 64650.20 | 937.43 | Tax |
| DUBLIN OH 43017 | | 7 Social security tips | 8 Allocated tips | 9 | Statement |
| d Control number | 45017 | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | Jotatement |
| Some number | | Depunt care benefits | 11 Nonqualified plans | | 2021 |
| e Employee's name, address, and ZIP code Suff. | | 13 | 14 Other | 12b | 2021 |
| | | Statutory employee | | ĺ | |
| NIKHITHA GEETLA | | | | 12c | Copy B To Be Filed with |
| 6665 DUMONT LN APT 216 | | Retirement plan | | | Copy B To Be Filed with Employee's FEDERAL Tax Return |
| COLUMBUS OH | 43235 | | | 12d | This information is being furnished to the Internal |
| | | Third-party sick pay | | | Revenue Service. |
| 15 State Employer's state ID number | 9 7 1 7 | 7 State income tax 1900.19 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |
| OH 52 774248 | 64650.20 | | | | O OH - Sc |
| | | | | Donor | tment of the Treasury — IRS |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| a Employee's SSN 071-95-63 | 36 | b Employer identification n | umber (EIN) 26-115 | 51708 | OMB No. 1545-0008 |
| C Employer's name, address, and ZIP coo | | 1 Wgs, tips, other compn | 2 Fed inc tax withheld | 3 Social security wages | 14/ 2 |
| INNOVATIVE SOFTWARE | SERVICES, INC | 64650.20 | 9862.00 | 64650.20 | Form W-2 |
| CACE DEPT DOMESTICATION OF DEPT | | 4 SS tax withheld | 5 Medicare wages & tips | 6 Medicare tax withheld | Wage and |
| 6465 REFLECTIONS DR | 1 | 4008.31 | 64650.20 | 937.43 | Tax |
| SUITE 130 | 42017 | 7 Social security tips | 8 Allocated tips | 9 | Statement |
| · | 43017 | 40 | 44 | 40- | Statement |
| d Control number | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | 2021 |
| | O Frankrisk's serve address and 71D ands | | | | LUZI |
| Employee's name address and ZIP co | de Suff | 12 | 14 Other | 12h | |
| e Employee's name, address, and ZIP co | de Suff. | 13 | 14 Other | 12b | |
| | | 13 Statutory employee. | 14 Other | | Copy 2 To Be |
| NIKHITHA GEET | LA | Statutory employee | 14 Other | 12b 12c | Copy 2 To Be Filed With Employee's State, |
| NIKHITHA GEET 6665 DUMONT LN APT | LA 216 | | 14 Other | 12c | Copy 2 To Be Filed With Employee's State, City, or Local |
| NIKHITHA GEET 6665 DUMONT LN APT | LA | Statutory employee | 14 Other | | Copy 2 To Be Filed With Employee's State, |
| NIKHITHA GEET 6665 DUMONT LN APT | LA 216 43235 | Statutory employee. Retirement plan | 14 Other 18 Local wages, tips, etc | 12c | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax |
| NIKHITHA GEET 6665 DUMONT LN APT COLUMBUS OH | LA 216 43235 | Statutory employee | | 12c 12d 19 Local income tax | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. |
| NIKHITHA GEET 6665 DUMONT LN APT COLUMBUS OH 15 State Employer's state ID No. OH 52 774248 | LA 216 43235 16 State wages, tips, etc 1 | Statutory employee. Retirement plan | | 12c 12d 19 Local income tax | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 20 Locality name |
| NIKHITHA GEET 6665 DUMONT LN APT COLUMBUS OH 15 State Employer's state ID No. | LA 216 43235 16 State wages, tips, etc 1 | Statutory employee. Retirement plan | | 12c 12d 19 Local income tax | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 20 Locality name |
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