Copy B - For Employee	's Federal Income Tax Return	2021 OMB No. 1545-0008		State Income Tax Return	[TX] <b>2021</b> OMB No. 1545-0008			
a Employee's social security number 732-51-0950	14000.03	Federal income tax withheld 2312.57	security number	14000.03	2 Federal income tax withheld 2312.57			
b Employer ID number	3 Social security wages 14000.03	Social security tax withheld 868.00	b Employer ID number	3 Social security wages 14000.03	4 Social security tax withheld 868.00			
86-2130805	5 Medicare wages and tips 14000.03	Medicare tax withheld 203.00	86-2130805	Medicare wages and tips 14000.03	6 Medicare tax withheld 203.00			
cEmployer's name, address, an CATALYST MERGE 10150 Covingto Las Vegas, NV	R SUB II LLC n Cross Dr		c Employer's name, address, and CATALYST MERGER 10150 Covington Las Vegas, NV 8	SUB II LLC Cross Dr				
d Control number 142215 544			d Control number 142215 544					
e Employee's name, address, an Varun Mendu 1701 S BELL BL 1204 CEDAR PARK, TX	VD		e Employee's name, address, and Varun Mendu 1701 S BELL BLV 1204 CEDAR PARK, TX	D				
7 Social security tips	8 Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment			
10 Dependent care benefits	11 Nonqualified plans		10 Dependent care benefits	11 Nonqualified plans				
12a DD 968.88 13 Statutory employee 12b 14 Other FSAHC 346		vee Retirement plan 3rd-party sick pay	12a DD 12b 12c 12d	968.88	yee Retirement plan 3rd-party sick pay			
N/A	N/A	N/A	TX NOT NEEDED	14000.03				
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax	15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A	18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

OMB No. 1545-0008

2021

Copy	/ C - F(	OR EMPL	OYE	E'S RE	CORDS O	NLY	7	202		OMB No. 1545-0008
security number		1 Wage	Vages, tips, other comp. 14000.03			2 Federal income tax withheld 2312.57				
732–51–0950			3 Socia	, ,			4 Social security tax withheld			
b Emplo	yer ID num	ber		14000.03			868.00			
86-2130805		5 Medio	Medicare wages and tips 14000.03			6 Medicare tax withheld 203.00				
CAT 101	ALYST	, address, and MERGER vington s, NV 8	SU Cr	B II I oss Dr	_					
142	ol number 215 54									
Var 170 120	un Me 1 S B 4	e, address, and ndu ELL BLV RK, TX	'D							
7 Social security tips		8 /	8 Allocated tips			9 Advance EIC payment				
10 Dependent care benefits		11	11 Nonqualified plans							
12a 12b	DD	968.88		8.88	13 Statutory employee Retirement plan 3rd-party sick pay					
			14 Other FSAHO		SAHC 3	C 346.14				
12c										
12d										
TX	NOT	NEEDED			14000.0	3				
15 State Employer's State ID#				16 State wages, tips, etc.			17 State income tax			
18 Local wages, tips, etc.			19 Local income tax			20 Lc	20 Locality name			
N/A			N/A			N/A				

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS