

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the IRS

FORM W-2 Wage and Tax Statement
Dept. of the Treasury - IRS 2021

OMB No. 1545-0008

c Employer's name, address, and ZIP code WELLS FARGO BANK, N. A. 550 SOUTH 4TH ST., 11TH FLOOR MINNEAPOLIS, MN 55415-1529		b Employer identification number 94-3081343		1 Wages, tips, other compensation 66,165.48		2 Federal income tax withheld 10,693.19	
e Employee's name, address, and ZIP code DHEERAJ GUPTA SREERAMA 2109 SUMMERTIME DR APT 4302 CHARLOTTE, NC 28262		7 Social security tips		3 Social security wages 69,796.80		4 Social security tax withheld 4,327.40	
		8 Allocated tips		5 Medicare wages and tips 69,796.80		6 Medicare tax withheld 1,012.05	
		13 Statutory employee Retirement plan Third-partysickpay X		11 Nonqualified plans		12a See instructions for box 12 D 3,631.32	
9		14 Other		12b DD 12.90		12c	
10 Dependent care benefits				12d			
15 State NC	Employer's state I.D. number 600207699	16 State wages,tips, etc. 66,165.48	17 State Income Tax 3,213.00	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality Name	

Visit the IRS Web Site at www.irs.gov

OMB No. 1545-0008 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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Copy C EMPLOYEE'S RECORDS
(See Notice to Employee on back of Copy B.)

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