

Form **W-2 Wage and Tax Statement 2021**

c Employer's name, address, and ZIP code
 INSURANCE SERVICES OFFICE, INC
 545 WASHINGTON BLVD
 JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code
 SIVA SHASHANK CHINTAPENTA
 107 WAVERLY ST
 JERSEY CITY NJ 07306

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
N.T.	133131412000	98854.76	4529.85		276.71	FT.T

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
 OMB No. 1545-0008 Visit the IRS Web Site at www.irs.gov/efile

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 For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**