| DMB No. 1545-0008 Form W a Employee's social security 1 V number | | es, tips, other comp. | 2 F | ederal income tax withheld | a Employee's social secur |
|---|------------------|------------------------------|----------------------|---|--|
| | | 51488.29 | | 6777.54 | number |
| | | ocial security wages | | ocial security tax withheld | 670-47-4519 |
| b Employer ID number (EIN) | | 51488.29 care wages and tips | 6 M | edicare tax withheld | b Employer ID number (EII |
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| c Employer's name, address, | and ZIP | code | | | c Employer's name, addre |
| Framework MI Framework MI 9435 Watersto Cincinnati OH | , Inc. one Bl | | | | Framework I Framework I 9435 Waters Cincinnati O |
| d Control number 00 | 0073 | | | | d Control number |
| e Employee's name, address | , and ZIP | code | | | e Employee's name, addre |
| Krishna Teja Kan 5720 Bozeman D Plano TX 75024 | | | | | Krishna Teja Ka 5720 Bozeman Plano TX 75024 |
| 7 Social security tips | Allocated tips | | | 7 Social security tips | |
| Dependent care benefits Nonqualified plans | | | 12 | a See instructions for box 12 | 10 Dependent care benefit |
| 12b | 12c | | | d | 12b |
| 40 | d e | | d | | 8 e |
| 13 Statutory employee | R | etirement plan | | Third-party sick pay | 13 Statutory employee |
| 14 Other | | | | | 14 Other |
| OH 453725224 | | 51488.29 | | 1456.23 | OH 453725224 |
| | | | | | |
| 15 State/Employer's state ID I | number | 16 State wages, tips, et | C. | 17 State income tax 20 Locality name | 15 State/Employer's state |
| 18 Local wages, tips, etc. 51488.29 19 Local income tax 643.60 | | | | Blue As | 18 Local wages, tips, etc. 51488.29 |
| Copy B - To Be Filed With Em his information is being furnish DXA | | | | Dept. of the Treasury - IRS | Copy 2 - To be Filed With E or Local Income Tax Return DXA |
| This information is being furnish benalty/other sanction may be in DMB No. 1545-0008 Form a Employee's social security | mposed W-2 | on you if this income is tax | sble a | nd you fail to report it. ntement 2021 | OMB No. 1545-0008 FO |
| number | • | 51488.29 | 2 5 | ederal income tax withheld 6777.54 | a Employee's social secur number |
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| a Employee's social security | 1 Wage | es, tips, other comp. | 2 Federal income tax withh | ederal income tax withheld | | |
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| Krishna Teja Kan 5720 Bozeman D Plano TX 75024 | r Apt 2 | ti | 9 | | | |
| 5720 Bozeman D | Pr Apt 2 | ıti 2-11310 | 9 12a See instructions for b | ox 12 | | |
| Krishna Teja Kan 5720 Bozeman D Plano TX 75024 7 Social security tips | Pr Apt 2 | tti 2-11310 .llocated tips | | ox 1: | | |
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| OMB No. 1545-0008 Form | W-2 | Wage and Tax | Statem | ıent | 2021 | |
|--|-----------------|---------------------------------|----------------|------------------------------|----------------|--|
| a Employee's social security | 1 Wage | es, tips, other comp. | 2 Federal | | ax withheld | |
| number | | 51488.29 | | 6777.54 | | |
| 670-47-4519 b Employer ID number (EIN) | | l security wages 51488.29 | 4 Social s | Social security tax withheld | | |
| 45-3725224 | | care wages and tips 51488.29 | 6 Medicar | ledicare tax withheld | | |
| c Employer's name, address, | and ZIP | code | | | | |
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| d Control number 00 | 0073 | | | | | |
| Krishna Teja Kan 5720 Bozeman D Plano TX 75024 | r Apt : | 2-11310 | | | | |
| 7 Social security tips | 8 A | llocated tips | 9 | | | |
| 10 Dependent care benefits | 11 | Nonqualified plans | 12a See | instruction | ons for box 12 | |
| 12b | 12c | | 12d | | | |
| 13 Statutory employee | R | etirement plan | Third sick | -party pay | | |
| 14 Other | | | | | | |
| OH 453725224 | | 51488.29 | | 145 | 6.23 | |
| 15 State/Employer's state ID r | number | 16 State wages, tips, et | c. 17 | 17 State income tax | | |
| 18 Local wages, tips, etc. 51488.29 | | 19 Local income tax 643.60 | | 20 Locality name Blue As | | |
| Copy C - For EMPLOYEE'S RE | CORDS | (See Notice on back.) | De | pt. of the | Treasury - IRS | |

| OMB No. 1545-0008 Form | W-2 | Wage and Tax | Sta | tement | 2021 | |
|--|-----------------|---------------------------------|-------------------------|--------------------------|----------------|--|
| a Employee's social security | 1 Wage | es, tips, other comp. | 2 F | ax withheld | | |
| number | | 51488.29 | 6777.54 | | | |
| 670-47-4519 | 3 Socia | al security wages | 4 S | x withheld | | |
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| 45-3725224 | | care wages and tips 51488.29 | 6 Medicare tax withheld | | | |
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| e Employee's name, address | , and ZIP | code code | | | | |
| Krishna Teja Kan 5720 Bozeman D Plano TX 75024 | | | | | | |
| 7 Social security tips | 8 A | llocated tips | 9 | | | |
| 10 Dependent care benefits | | Nonqualified plans | C 9 d e | a See instruction | ons for box 12 | |
| 12b | 12c | | 12 00 d | d | | |
| 13 Statutory employee | R | etirement | | Third-party sick pay | | |
| 14 Other | | | | | | |
| OH 453725224 | | 51488.29 | | 145 | 56.23 | |
| 15 State/Employer's state ID | number | 16 State wages, tips, et | c. | 17 State inco | | |
| 18 Local wages, tips, etc. 51488.29 | | 19 Local income tax 643.60 | | 20 Locality n Blue As | name | |
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Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

2021

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