

a Employee's SSN 779-20-6999		b Employer identification number (EIN) 83-2058987			OMB No. 1545-0008	
c Employer's name, address, and ZIP code PAIN MANAGEMENT CENTERS OF AMERIC 67 LAKEVIEW DRIVE PADUCAH KY 42001		1 Wgs, tips, other compn 45770.40	2 Fed inc tax withheld 5335.00	3 Social security wages 19768.52		
		4 SS tax withheld 1220.99	5 Medicare wages & tips 19768.52	6 Medicare tax withheld 285.53		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a C 75.00		
e Employee's name, address, and ZIP code Suff. APOORVA PONNEKANTI 3249 TAMARACK CT APT 529 EVANSVILLE IN 47715		13 Statutory employee. <input type="checkbox"/>	14 Other	12b W 1200.00		
		Retirement plan . . <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State IN	Employer's state ID number 0164653643 001	16 State wages, tips, etc 45770.40	17 State income tax 1478.40	18 Local wages, tips, etc 47234.93	19 Local income tax 546.09	20 Locality name IN - Co

REV 12/17/21 QBDT

Department of the Treasury — IRS

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

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employee's SSN 779-20-6999		b Employer identification number (EIN) 83-2058987			OMB No. 1545-0008	
c Employer's name, address, and ZIP code PAIN MANAGEMENT CENTERS OF AMERIC 67 LAKEVIEW DRIVE PADUCAH KY 42001		1 Wgs, tips, other compn 45770.40	2 Fed inc tax withheld 5335.00	3 Social security wages 19768.52		
		4 SS tax withheld 1220.99	5 Medicare wages & tips 19768.52	6 Medicare tax withheld 285.53		
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		Retirement plan . . <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State IN	Employer's state ID No. 0164653643 001	16 State wages, tips, etc 45770.40	17 State income tax 1478.40	18 Local wages, tips, etc 47234.93	19 Local income tax 546.09	20 Locality name IN - Co

REV 12/17/21 QBDT

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 779-20-6999		b Employer identification number (EIN) 83-2058987			OMB No. 1545-0008	
c Employer's name, address, and ZIP code PAIN MANAGEMENT CENTERS OF AMERIC 67 LAKEVIEW DRIVE PADUCAH KY 42001		This information is being furnished to the IRS. 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.				
		1 Wgs, tips, other compn 45770.40	2 Fed inc tax withheld 5335.00	3 Social security wages 19768.52		
		4 SS tax withheld 1220.99	5 Medicare wages & tips 19768.52	6 Medicare tax withheld 285.53		
d Control No.		7 Social security tips	8 Allocated tips	9		
e Employee's name, address, and ZIP code Suff. APOORVA PONNEKANTI 3249 TAMARACK CT APT 529 EVANSVILLE IN 47715		10 Depdnt care benefits	11 Nonqualified plans	12a C 75.00		
		13 Statutory employee. <input type="checkbox"/>	14 Other	12b W 1200.00		
		Retirement plan . . <input type="checkbox"/>		12c		
Third-party sick pay <input type="checkbox"/>	12d					
15 State IN	Employer's state ID No. 0164653643 001	16 State wages, tips, etc 45770.40	17 State income tax 1478.40	18 Local wages, tips, etc 47234.93	19 Local income tax 546.09	20 Locality name IN - Co

REV 12/17/21 QBDT

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

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)