Copy B - Fo	r Employee's F	ederai incon	ne Tax Retui	rn 2021 OMB No. 1545-0008			
Employee's social 1 Wag security number		ages, tips, other	comp. 508.49	2 Federal income tax withheld 19430.34			
318-55-		ocial security wag	es 283.43	4 Social security tax withheld 8263.57			
b Employer ID nu							
20-2902922 5 Me		edicare wages ar 1332	nd tips 283.43	6 Medicare tax withheld 1932.62			
	ne, address, and ZIP			, I			
	ftware LL						
	son Ave Ex	ĸt					
Albany,	NY 12203						
Control number							
	me, address, and ZII						
	mar Thiru	nalasett	У				
	itage Rd						
Apt 1							
Guilerl	and, NY 12	2084					
7 Social security tips 8		8 Allocated tips		9 Advance EIC payment			
10 Dependent care benefits 11		11 Nonqualified	plans				
12a a		06.20	13 Statutory er	mployee Retirement plan 3rd-party sick p			
C C	86.32]	X			
12b D	14	774.94	14 Other NV	ZPSL-E 385.38			
120				/SDI-E 31.20			
DD D	5	5800.86					
12d			1				
	N/A	1	I/A	N/A			
	,		,	·			
	er's State ID#	16 State wa	ges, tips, etc.	17 State income tax			
	er's State ID#		ges, tips, etc.	·			
15 State Employon 18 Local wages, N	er's State ID#	16 State was	ges, tips, etc.	17 State income tax			

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

Copy 2 - For Emplo	yee's State	Income	Tax Return	[NY]	202 1	OMB No. 1545-0008	
a Employee's social	1 Wages	s, tips, other		2 Federal			
security number		1185	508.49	19430.34			
318-55-0547	3 Social	security wag		4 Social security tax withheld			
Employer ID number		1332	283.43	8263.57			
20-2902922	5 Medica	are wages ar		6 Medicare tax withheld 1932.62			
		1332	283.43				
24 Madison Albany, NY 10 Alban	ess, and ZIP coor Thirumale Rd	lasett	у				
7 Social security tips	8 A	llocated tips		9 Advance EIC payment			
10 Dependent care benefit	ts 11	Nonqualified	plans				
^{12a} C	86.3		32 13 Statutory employ		oyee Retirement plan 3rd-party sick pay		
^{12b} D	1477	1 01		X			
120				L-E 385.38 L-E 31.20			
DD DD	580	0.86					
12d			1				
NY 202902922 9		118508.49			6669.71		
15 State Employer's State	ID#	16 State was	ges, tips, etc.	17 State income tax			
18 Local wages, tips, etc.		19 Local inc		20 Locality name			
N/A		N/A		N/A			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Copy C -	FOR EMP	LOYI	EE'S REC	CORDS ONL	- Y	202	OMB No. 1545-0008		
a Employee's so	1 Wages, tips, other comp. 118508.49			2 Federal income tax withheld 19430.34					
		3 Socia	Social security wages 133283.43			4 Social security tax withheld 8263.57			
b Employer ID n									
20-2902922 51		5 Medio	5 Medicare wages and tips 133283.43			6 Medicare tax withheld 1932.62			
24 Madi	ne, address, and oftware son Ave NY 122	LLC Ext							
d Control number 11171	L79								
104 Her Apt 1	mar Thi: itage Ro	d	_	Ţ					
7 Social security tips		8 /	8 Allocated tips			9 Advance EIC payment			
10 Dependent care benefits		11	11 Nonqualified plans						
^{12a} C		86.32		13 Statutory emplo	oyee Retirement plan 3rd-party sick pay X				
^{12b} D		14774.94 5800.86		14 Other NYPSL	L-E 385.38 I-E 31.20				
12c DD				NYSDI					
12d									
NY 202	902922 9 1		18508.49			6669.71			
15 State Employ	er's State ID#		16 State wages, tips, etc.		17 State income tax				
18 Local wages,	tips, etc.		19 Local income tax		20 Locality name				
N/A		N/A		N/A					

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS