



**W-2** Wage and Tax Statement  
 Copy C for employee's records.  
 OMB No. 1545-0008  
**2021**

**d** Control number: 000057 K7/VZL  
 Dept. Corp. Employer use only

**c** Employer's name, address, and ZIP code  
**SIBITALENT CORP**  
 101 E PARK BLVD  
 STE 600  
 PLANO, TX 75074 0000  
 Batch #99715

**e/f** Employee's name, address, and ZIP code  
**SUMANTH BHUKYA**  
 3548 TRYON AVE  
 APT 3 B  
 BRONX, NY 10467

**b** Employer's FED ID number: 81-3428570  
**a** Employee's SSA number: XXX-XX-1885

<b>1</b> Wages, tips, other comp. <b>11600.00</b>	<b>2</b> Federal income tax withheld <b>998.55</b>
<b>3</b> Social security wages <b>11600.00</b>	<b>4</b> Social security tax withheld <b>719.20</b>
<b>5</b> Medicare wages and tips <b>11600.00</b>	<b>6</b> Medicare tax withheld <b>168.20</b>
<b>7</b> Social security tips	<b>8</b> Allocated tips
<b>9</b>	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>14</b> Other 59.28 NY PFL 3.60 VPDI	<b>12b</b>
	<b>12c</b>
	<b>12d</b>
	<b>13</b> Stat emp. Ret. plan 3rd party sick pay
<b>15</b> State NY <b>17</b> State income tax <b>615.51</b> <b>19</b> Local income tax	<b>16</b> State wages, tips, etc. <b>11600.00</b> <b>18</b> Local wages, tips, etc. <b>20</b> Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	11,600.00	11,600.00	11,600.00	11,600.00
Reported W-2 Wages	11,600.00	11,600.00	11,600.00	11,600.00

2. Employee Name and Address.

**SUMANTH BHUKYA**  
 3548 TRYON AVE  
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Federal Filing Copy  
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NY State Reference Copy  
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