	a Employee's social security number XXX-XX-3287	OMB No. 1545-000	Safe, accurate, FAST! Use	Visit the IRS Web Site at www.irs.gov.		
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
47-5468269			97,719.98 14,598			
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld		
VERTEX ANALYTICS INC			101,888.00	6,317.06		
160 Chapel Road	,		5 Medicare wages and tips	6 Medicare tax withheld		
Suite 102			101,888.00	1,477.38		
Manchester, CT	06042		7 Social security tips	8 Allocated tips		
				·		
d Control number 25				10 Dependent care benefits		
e Employee's first name and initia	Last name	suff.	11 Nonqualified plans	12a See instructions for box 12		
		ou		0 0		
Rajeswari	Samanthapudi		13 Statutory Retirement Third-party sick pay	12b		
				o d		
151 East Center	St		14 Other 12c			
Apt 1350			NY SDI 31.20	1 4		
Bayonne, NJ 070	02		PFML - NY 385.33	12d		
				C 0 0		
f Employee's address and ZIP co	de					
15 State Employer's state ID num	nber 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
NY 47-5468269	101,888.0	0 5,390.	71			

Wage and Tax Statement

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

2021

Department of the Treasury- Internal Revenue Service

AWW2-BC

	a Employee's social security number XXX-XX-3287	OMB No. 1545-0	8000	Safe, accurate, FAST! Use	IRS P	r file	Visit the IRS Web at www.irs.gov.	) Site	
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
47-5468269				97,719	14,598.03				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
VERTEX ANALYTICS INC			101,888.00				6,317.0	16	
160 Chapel Road,				5 Medicare wages and tips			6 Medicare tax withheld		
Suite 102			101,888.00			1,477.38			
Manchester, CT 06042			7 Social security tips			8 Allocated tips			
d Control number						10 Dependent care benefits			
25									
e Employee's first name and initial Last name suff.			11 Nonqualified plans			12a See instructions for box 12			
						o d e			
Rajeswari	Samanthapudi		13 Statutor employe	y Retirement Third-p e plan sick pa		12b			
						o d e			
151 East Center St				er		12c			
Apt 1350				NY SDI 31.20					
Bayonne, NJ 07002			PFML - NY 385.33 12d			12d			
						o d e			
f Employee's address and ZIP code									
15 State Employer's state ID numb	• • • •	17 State income ta		]		19 Local income tax 20 Locality name		name	
NY   47-5468269	101,888.00	5,390	.71						
			[						