Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2021 OMB No. 1545-0008
a. Employee soc. Sec. No.	1 Wages, tips, other comp. 52516.80	2 Federal income tax withheld 7459.41
684-33-9892 b. Employer ID no. (EIN)	3 Social security wages 52516.80	4 Social security tax withheld 3256.05
76-0615704	5 Medicare wages and tips 52516.80	6 Medicare tax withheld 761.46
c. Employer's name, address, and ZIP code PREMIER IT SOLUTIONS LLC 801 E CAMPBELL RD STE 270 RICHARDSON TX 75081-1890		
d. Control number	000000021	
e. Employee's name, address and ZIP code KRISHNA CHAITANYA BOLIGIRLA 6030 N KENMORE AVE APT# 408 CHICAGO IL 60660		
7 Social security tips	8 Allocated tips	
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 16.80
13 Statutory employee	14 Other	12b Code DD 151.20
Retirement plan		12c Code
Third-party sick pay	•	12d Code
IL 76-0615704	52516.80	2462.46
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Dept. of the Treasury - IRS

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Copy C, For EMPLOYEE'S RECORDS. OMB No. 2021 1545-0008 a. Emplovee soc. Sec. No. 2 Federal income tax withheld 7459.411 Wages, tips, other comp. 52516.80 684-33-9892 3 Social security wages 4 Social security tax withheld 52516.80 3256.05 b. Employer ID no. (EIN) 76-0615704 5 Medicare wages and tips 6 Medicare tax withheld 52516.80 761.46 c. Employer's name, address, and ZIP code PREMIER IT SOLUTIONS LLC 801 E CAMPBELL RD STE 270 RICHARDSON TX 75081-1890 d. Control number 0000000021 e. Employee's name, address and ZIP code KRISHNA CHAITANYA BOLIGIRLA 6030 N KENMORE AVE APT# 408 CHICAGO IL 60660 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See instr. for box 12 С 16.80 13 Statutory employee 14 Other 12b Code DD 151.20 Retirement plan 12c Code 12d Code Third-party sick pay 76-0615704 ΙL 52516.80 2462.46 15 State Employer State ID# 17 State income tax 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy 2, To Be Filed With Employee's State, OMB No. 2021 1545-0008 City, or Local Income Tax Return a. Employee soc. Sec. No. 1 Wages, tips, other comp. 52516.80 $\begin{array}{l} \textbf{2 Federal income tax withheld} \\ 7459.41 \end{array}$ 684-33-9892 3 Social security wages 4 Social security tax withheld 52516.80 3256.05 b. Employer ID no. (EIN) 6 Medicare tax withheld 76-0615704 5 Medicare wages and tips 52516.80 761.46 c. Employer's name, address, and ZIP code PREMIER IT SOLUTIONS LLC 801 E CAMPBELL RD STE 270 RICHARDSON TX 75081-1890 d. Control number 000000021 e. Employee's name, address and ZIP code KRISHNA CHAITANYA BOLIGIRLA 6030 N KENMORE AVE APT# 408 CHICAGO IL 60660 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See instr. for box 12 C 16.80 13 Statutory employee 14 Other 12b Code 151.20 DD Retirement plan 12c Code 12d Code Third-party sick pay 76-0615704 ΤL 52516.80 2462.46 15 State Employer State ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy 2, To Be Filed With Employee's State, OMB No. 2021 1545-0008 City, or Local Income Tax Return 2 Federal income tax withheld 7459.41 1 Wages, tips, other comp. 52516.80 a, Employee soc, Sec, No. 684-33-9892 3 Social security wages 4 Social security tax withheld 52516.80 3256.05 b. Employer ID no. (EIN) 76-0615704 5 Medicare wages and tips 6 Medicare tax withheld 761.46 52516.80 c. Employer's name, address, and ZIP code PREMIER IT SOLUTIONS LLC 801 E CAMPBELL RD STE 270 RICHARDSON TX 75081-1890 d. Control number 0000000021 e. Employee's name, address and ZIP code KRISHNA CHAITANYA BOLIGIRLA 6030 N KENMORE AVE APT# 408 CHICAGO IL 60660 7 Social security tips 8 Allocated tips 11 Nonqualified plans 12a Code See instr. for box 12 10 Dependent care benefits С 16.80 14 Other 12b Code 13 Statutory employee DD 151.20 Retirement plan 12c Code Third-party sick pay 12d Code 76-0615704 IL52516.80 2462.46 15 State Employer State ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 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.