Copy B - For Employee's Federal Income Tax Return 2021 OMB No. 1545-0008						Copy 2 - For Employee's State Income Tax Return						
a Employee's social security number	1 Wage	es, tips, other 176	comp. 036.53	2 Federa	al income tax withhe	3.60				036.53		
b Employer ID number			800.00					b Employor is number			800.00	
36-3993653			nd tips 361.75	6 Medica	are tax withheld 264				5 Medicare wages and tips 182361.75			
cEmployer's name, addres Intelligent 9600 Bryn Ma Ste 100 Rosemont, II	Medica wr Ave	l Obje	cts Inc				Int 960 Ste	elli 00 Br 100	ne, address, and 2 gent Med yn Mawr t, IL 60	ical Ave	Obje	cts Inc
d Control number 122276 192322	22						d Contro	ol numbe 1276 1	923222			
e Employee's name, addres Ranadheer Su 2346 Old Geo Downers Grov	ram orge Wa	У					Ran 234	adhe 6 01	me, address, and er Suram d George Grove,	Way		
7 Social security tips 8 Allocated t		Allocated tips	9 Advance EIC payment				7 Social security tips			8 Allo	8 Allocated tips	
10 Dependent care benefits	10 Dependent care benefits 11 Nonqualifie		plans				10 Dependent care benefits			11 Nonqualified plans		
12a D	Б 6325.22		13 Statutory employee Retirement plan 3rd-party sick pay  X			d-party sick pay	12a	D		6325		13 Statutory e
DD 13250.68		14 Other				DD 12c		1	13250.68		14 Other	
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N/A		1	N/A		N/A		IL 36-399365		3993653	176036.		176036.5
15 State Employer's State ID# 18 Local wages, tips, etc.		16 State wages, tips, etc.  19 Local income tax			State income tax		15 State Employer's State ID 18 Local wages, tips, etc.			16 State wages, tips, etc. 19 Local income tax		
N/A		N/A		2010	N/A		N/A				N/A	

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

Dept. of the Treasury - IRS

c Employer's riai	c Employer's name, address, and zir code								
	gent Medio yn Mawr Av		cts Inc						
Ste 100									
Rosemon	Rosemont, IL 60018								
	•								
d Control numbe	ır								
1222761									
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7 Social security	tips	8 Allocated tips		9 Advance EIC payment					
10 Dependent ca	are benefits	11 Nonqualified	plans						
<sup>12a</sup> D	6	325.22	13 Statutory employ	ee Retirement plan	3rd-party sick pay				
12b			1	X					
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IL 36-	2002652	1	76036.53		8591.43				
1 17   30-	3993653	1 +	70030.33		0391.43				
15 State Employ	er's State ID#	16 State was	nes, tips, etc.	17 State income tax					
18 Local wages,		19 Local inco		20 Locality name					
NT.	/A	N	1/A	N/A					
1	/ A	1	N/A	11	/ A				
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Form W-2 Wage	and Tax Statement			Dept.	of the Treasury - IRS				

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a Employee's so security number	er	1 Wage	es, tips, other comp. 2 176036.53			2 Federal income tax withheld 24633.60				
b Employer ID number		3 Socia	l security wag 1428	es 300.00	hheld 853.59					
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7 Social security tips			8 Allocated tips			9 Advance EIC payment				
10 Dependent ca	are benefits	11	Nonqualified	plans						
12a D		6325.22			13 Statutory employee Retirement plan 3rd-party sick pay  X					
120 DD	13250.68			14 Other						
12d										
IL 36-	-3993653 1			76036.53 8591.43						
15 State Employ			16 State wages, tips, etc.			17 State income tax				
18 Local wages, tips, etc.			19 Local income tax			20 Locality name				

N/A

Form W-2 Wage and Tax Statement

N/A

Dept. of the Treasury - IRS

N/A