

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008		
a Employee's soc. sec. no. 478-69-7175		1 Wages, tips, other comp. 104759.00	2 Federal income tax withheld 19173.89		
b Employer ID number (EIN) 310841368		3 Social security wages 112693.94	4 Social security tax withheld 6987.02		
		5 Medicare wages and tips 112693.94	6 Medicare tax withheld 1634.06		
c Employer's name, address, and ZIP code US Bank National Assoc 4000 W Broadway Robbinsdale, MN 55422					
d Control number					
e Employee's name, address, and ZIP code Nagarjun Reddy Mandadi 152 Grenache ct O'Fallon, MO 63368					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12 C 64.22	
13 Statutory employee		14 Other		12b Code D 7934.94	
Retirement plan X				12c Code W 7199.96	
Third-party sick pay				12d Code DD 14057.94	
MO	12171603	104759.00	4791.00		
15 State Employer's state ID number		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 2021 Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
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Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS  
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BW24UP NTF 2584428 1 BW24UP 000033818 01 SP 106481446465024 P

**Year To Date Earnings**

Salary	27076.96
LTD, taxed	25.20
GTL>\$50K	9.08

**Year To Date Deductions**

Dental Pre-Tax	33.48
GTL>\$50K offset	9.08
Taxable LTD offset	25.20

011-000275-W2-63368-ERAC-599

Social Security No.:  
XXX-XX-0214

a Employee's social security number XXX-XX-0214		d Control number 000578 WY/36H		7 Social security tips		1 Wages, tips, other compensation 27077.76		2 Federal income tax withheld 2199.00		
c Employer's name, address, and ZIP code Enterprise Fleet Management, Inc 600 Corporate Park Dr. St. Louis, MO 63105-4204				8 Allocated tips		3 Social security wages 27077.76		4 Social security tax withheld 1678.82		
b Employer identification number (EIN) 43-1697807				9		5 Medicare wages and tips 27077.76		6 Medicare tax withheld 392.63		
e Employee's first name and initial ARCHANA GONDI		Last name 152 GRENACHE CT		Suff. 0 FALLON, MO 63368		10 Dependent care benefits		12a See instructions for box 12 C 9.08		
f Employee's address and ZIP code		11 Nonqualified plans		12c		12b DD		12d 1.12		
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other				
15 State Employer's State ID No MO 16293991		16 State wages, tips, etc. 27077.76		17 State income tax 1196.00		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

**2021** Form W-2 Wage and Tax Statement  
OMB No. 1545-0008

**Employee's Copy**  
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**2021** Form W-2 Wage and Tax Statement  
OMB No. 1545-0008

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Department of the Treasury-Internal Revenue Service.

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