Copy B - For	Employee's F	ederal Incom	ne Tax Return		2021	OMB No. 1545-0008	
a Employee's soo security numbe	r	ages, tips, other of	comp. L53.33	2 Federal income tax withheld 60432.73			
699-11-6206 3 Soci		ocial security wag 1428	es 300.00	4 Social security tax withheld 8853.60			
27-2220	139 5M	ledicare wages an 3318	nd tips 346.13	6 Medicare tax withheld 5998.38			
Progyny 1359 Br							
Venkate 507 GRE	me, address, and Zi SWATATAO ENLAND SQ D PARK, No	Ummidi		l 9 Adv	ance EIC payment		
10 Dependent ca	re benefits	11 Nonqualified	plans				
12a C 12b D		250.40 692.80		oyee Retirement plan 3rd-party sick pa X r 26187.06			
^{12c} DD	27	571.20	71.20				
^{12d} V	149	981.89					
N/A		1	N/A		N/A		
15 State Employe			ges, tips, etc.	17 State income tax			
18 Local wages, tips, etc. N/A			19 Local income tax N/A		20 Locality name N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return [NY] 2021 OMB No. 1545-0008										
a Employee's so security number	er		153.33	2 Federal income tax withheld 60432.73						
699-11- b Employer ID no	"	Social security wag 1428	es 300.00	4 Social security tax withheld 8853.60						
27-2220	139 51	Medicare wages ar 3318	nd tips 346.13	6 Medicare tax withheld 5998.38						
cEmployers name, address, and ZIP code Progyny, Inc. 1359 Broadway Fl 2 New York, NY 10018 d Control number 41576 433 e Employee's name, address, and ZIP code Venkateswararao Ummidi 507 GREENLAND SQ HIGHLAND PARK, NJ 08904										
7 Social security	tips	8 Allocated tips		9 Adva	ance EIC payment					
10 Dependent ca	are benefits	11 Nonqualified	plans							
^{12a} C		250.40	13 Statutory empl	oyee R	ree Retirement plan 3rd-party sick pay X					
12b D		9692.80	14 Other 20187.06							
עם 27571.20										
· V		9981.89	00152 00	175 70						
	220139	1 3	322153.33			175.78				
15 State Employ 18 Local wages,		16 State way	ges, tips, etc. ome tax	17 State income tax 20 Locality name						
_	/A	1	N/A	N/A						

Form W-2 Wage and Tax Statement

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Copy C -	FOR EMPL	OYE	EE'S REC	CORDS ON	ILY		202	1	OMB No. 1545-0008
security number $699-11-6206$ b Employer ID number			s, tips, other o	comp. .53.33	2 Fe	deral	al income tax withheld 60432.73		
			l security wage 1428	es 800.00	4 Social security tax withheld 8853.60				
			331846.13			6 Medicare tax withheld 5998.38			
Progyny 1359 Br Fl 2	=		de						
d Control number									
Venkate 507 GRE	ame, address, and ESWATATAO EENLAND S ID PARK,	Um Q	midi						
7 Social security	tips	8 /	Allocated tips		9	Adva	ance EIC payme	ent	
10 Dependent c	are benefits	Nonqualified	olans						
^{12a} C		25	0.40	13 Statutory employee Retirement plan 3rd-party sid					
12b D		969	2.80	14 Other Othe	er 26	5187	.06		
12c DD	^{2c} DD 27571.20								
^{12d} V 149981.89									
NY 272	220139	22153.33		32475.78					
15 State Employer's State ID#			16 State wages, tips, etc. 17 St			7 Sta	ate income tax		

19 Local income tax

N/A

Form W-2 Wage and Tax Statement

N/A

18 Local wages, tips, etc.

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N/A

20 Locality name

Copy B - For Employe	ee's Federal Income	Tax Return	2021	OMB No. 1545-0008	Сору	2 - For Em	ployee's Stat	e Income	Tax Return	[NY] 20
a Employee's social security number	1 Wages, tips, other com 32215		eral income tax withheld 60432		secur	oyee's social ity number		es, tips, other 3221	comp. L53.33	Federal income t
699-11-6206 b Employer ID number	3 Social security wages 14280		al security tax withheld 8853	8 60		0-11-62 oyer ID numbe		l security wag	es 300.00	Social security ta
27-2220139	5 Medicare wages and tip	os 6 Med	icare tax withheld			-222013		care wages ar		Medicare tax with
c Employer's name, address,	and ZIP code	<u> </u>			c Emplo	oyer's name, a	ddress, and ZIP co	de		
Progyny, Inc. 1359 Broadway Fl 2 New York, NY	•				135 Fl	_				
d Control number 41576 433					d Contr 415	ol number 576 433				
e Employee's name, address, Venkateswarar 507 GREENLAND HIGHLAND PARK	ao Ummidi SQ				Ver 507	katesw GREEN	nddress, and ZIP of Ararao Um LAND SQ PARK, NJ	midi		
7 Social security tips	8 Allocated tips	9 A	dvance EIC payment		7 Socia	I security tips	8.	Allocated tips		9 Advance EIC
10 Dependent care benefits	11 Nonqualified plan	ns			10 Dep	endent care be	enefits 11	Nonqualified	plans	
12a W 12b 12c 12d	4500.00	Statutory employee Other FFCSS Q2-	Х	party sick pay	12a 12b 12c	W	450	00.00	13 Statutory emplo	yee Retirement X Q2-Q3 511.00
	1				<u> </u>			ı .		
N/A	N/A	A	N/A		NY	272220	1139] 3	22153.33	
15 State Employer's State ID#	•		State income tax			e Employer's S			ges, tips, etc.	17 State incom
18 Local wages, tips, etc. N/A	19 Local income N / i		Locality name N/A		18 Loca	al wages, tips, N/A	etc.	19 Local inc	ome tax	20 Locality nan

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N/A

32475.78

OMB No. 1545-0008

60432.73

8853.60 5998.38

2021

4 Social security tax withheld

9 Advance EIC payment

17 State income tax 20 Locality name

Retirement plan 3rd-party sick pay

Copy C - I	FOR EMPL	.OYE	E'S RE	CORDS ON	LY	2021	OMB No. 1545-0008			
security number			s, tips, other of 3221	comp. L53.33	2 Federal income tax withheld 60432.73					
	699-11-6206 3 Social security			es 300.00	4 Social security tax withheld 8853.60					
b Employer ID no		- 14 11								
27-2220	139	b Medic	edicare wages and tips 331846.13			6 Medicare tax withheld 5998.38				
Progyny 1359 Br Fl 2	=		de							
d Control numbe										
507 GRE	swararac ENLAND S ID PARK,	SQ								
7 Social security tips			8 Allocated tips			9 Advance EIC payment				
10 Dependent ca	are benefits	11	Nonqualified	plans						
^{12a} W 4500.00				13 Statutory employee Retirement plan 3rd-party sick pay X						
12b 14 Other FFCSS Q2-Q3 511.00										
12c										
12d										
NY 272	220139		3	22153.33		32475.78				
15 State Employ	er's State ID#		16 State wag	ges, tips, etc.	17 State income tax					
18 Local wages,	tips, etc.		19 Local income tax			20 Locality name				
N/A			N/A			N/A				

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