

| Copy B - For Employee's Federal Income Tax Return   |   | 2021  |  | OMB No.<br>1545-0008    |
|---|---|---|--|-------------------------|
| a Employee's social security number<br>699-11-6206  | 1 Wages, tips, other comp.<br>322153.33 | 2 Federal income tax withheld<br>60432.73                     |  |                         |
| b Employer ID number<br>27-2220139  | 3 Social security wages<br>142800.00    | 4 Social security tax withheld<br>8853.60                     |  |                         |
|   | 5 Medicare wages and tips<br>331846.13  | 6 Medicare tax withheld<br>5998.38                            |  |                         |
| c Employer's name, address, and ZIP code<br>Progyny, Inc.<br>1359 Broadway<br>Fl 2<br>New York, NY 10018          |   |   |  |                         |
| d Control number<br>41576 433   |   |   |  |                         |
| e Employee's name, address, and ZIP code<br>Venkateswararao Ummidi<br>507 GREENLAND SQ<br>HIGHLAND PARK, NJ 08904 |   |   |  |                         |
| 7 Social security tips  |   | 8 Allocated tips  |  | 9 Advance EIC payment   |
| 10 Dependent care benefits  |   | 11 Nonqualified plans   |  |                         |
| 12a C   | 250.40                                  | 13 Statutory employee Retirement plan 3rd-party sick pay<br>X |  |                         |
| 12b D   | 9692.80                                 | 14 Other Other 26187.06                                       |  |                         |
| 12c DD  | 27571.20                                |   |  |                         |
| 12d V   | 149981.89                               |   |  |                         |
| N/A   |   | N/A   |  | N/A                     |
| 15 State Employer's State ID#   |   | 16 State wages, tips, etc.                                    |  | 17 State income tax     |
| 18 Local wages, tips, etc.<br>N/A   |   | 19 Local income tax<br>N/A                                    |  | 20 Locality name<br>N/A |

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

Dept. of the Treasury - IRS

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| c Employer's name, address, and ZIP code<br>Progyny, Inc.<br>1359 Broadway<br>Fl 2<br>New York, NY 10018          |   |   |      |                         |                      |
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| 12b D   | 9692.80                                 | 14 Other Other 26187.06                                       |      |                         |                      |
| 12c DD  | 27571.20                                |   |      |                         |                      |
| 12d V   | 149981.89                               |   |      |                         |                      |
| NY  | 272220139                               | 322153.33   |      | 32475.78                |                      |
| 15 State Employer's State ID#   |   | 16 State wages, tips, etc.                                    |      | 17 State income tax     |                      |
| 18 Local wages, tips, etc.<br>N/A   |   | 19 Local income tax<br>N/A                                    |      | 20 Locality name<br>N/A |                      |

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

**Copy C - FOR EMPLOYEE'S RECORDS ONLY****2021**OMB No.  
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| d Control number<br>41576 433   |   |   |
| e Employee's name, address, and ZIP code<br>Venkateswararao Ummidi<br>507 GREENLAND SQ<br>HIGHLAND PARK, NJ 08904 |   |   |
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| NY   272220139  | 322153.33                               | 32475.78  |
| 15 State Employer's State ID#   | 16 State wages, tips, etc.              | 17 State income tax   |
| 18 Local wages, tips, etc.<br>N/A   | 19 Local income tax<br>N/A              | 20 Locality name<br>N/A                                       |

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| 7 Social security tips  | 8 Allocated tips                        | 9 Advance EIC payment                     |                 |                      |
| 10 Dependent care benefits  | 11 Nonqualified plans                   |   |                 |                      |
| 12a W   | 4500.00                                 | 13 Statutory employee                     | Retirement plan | 3rd-party sick pay   |
| 12b   |   | X   |                 |                      |
| 12c   |   | 14 Other FFCSS Q2-Q3 511.00               |                 |                      |
| 12d   |   |   |                 |                      |
|   | N/A                                     | N/A                                       | N/A             |                      |
| 15 State Employer's State ID#   | 16 State wages, 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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|   | N/A                                     | N/A                                       | N/A             |                    |                      |

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