	a Employee's social security number XXX-XX-6699	OMB No. 1545-00	08	Safe, accurate, FAST! Use	e≁file	Visit the IRS Web Site at www.irs.gov.		
b Employer identification number (EIN)			1 V	Wages, tips, other compensation 2 Federal income tax withheld				
20-1097205				96,384.0	0	16,214.40		
c Employer's name, address, and ZIP code			3 5	Social security wages	4 Social	4 Social security tax withheld		
SPECTRA INFO SYSTEMS, INC.				15,360.0	0	952.32		
4080 MCGINNIS FERRY ROAD			5 Medicare wages and tips		6 Medic	6 Medicare tax withheld		
SUITE 1308			15,360.00		0	222.72		
ALPHARETTA, GA 30005			7 Social security tips		8 Alloca	8 Allocated tips		
<sup>d</sup> Control number 34					10 Deper	ident care benefits		
e Employee's first name and initia	I Last name	suff.	11 1	Nonqualified plans	12a See ir	structions for box 12		
					c o d e			
Girish	Ganji		13 Sta em	tutory Retirement Third-party ployee plan sick pay	/ <u>1</u> 2b			
					o d e			
4132 E Anderson Dr			14 (	Other	12c			
					o d e			
Phoenix, AZ 85032					12d			
					o d e			
f Employee's address and ZIP code								
15 State Employer's state ID nun	nber 16 State wages, tips, etc.	17 State income ta	x	18 Local wages, tips, etc.	19 Local incom	e tax 20 Locality name		
AZ 201097205	96,384.0	0 1,734	.90					
Form W-2 Wage and Stateme		202	1	Departi	ment of the Treasu	ry- Internal Revenue Service		

## 2021

AWW2-BC

Copy B To Be Filed with Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

	a Employee's social security number XXX-XX-6699	OMB No. 1545-0	8000	Safe, accurate, FAST! Use	~file	Visit the IRS Web Site at www.irs.gov.	
b Employer identification number			1 \	Vages, tips, other compensation	2 Fec	deral income tax withheld	
20-1097205				96,384.00		16,214.40	
c Employer's name, address, and ZIP code			3 3	Social security wages	4 Social security tax withheld		
SPECTRA INFO SYSTEMS, INC.				15,360.00		952.32	
4080 MCGINNIS FERRY ROAD			5 1	5 Medicare wages and tips 6 Medicare tax withheld			
SUITE 1308				15,360.00 222.7			
ALPHARETTA, GA 30005			7 5	Social security tips	8 Allo	8 Allocated tips	
d Control number					10 Dep	pendent care benefits	
34							
e Employee's first name and initial Last name suff.			11 Nonqualified plans 12a See instructions for box 12			e instructions for box 12	
					o d e		
Girish	Ganji		13 Sta em	tutory Retirement Third-party ployee plan sick pay	12b		
					o d e		
4132 E Anderson Dr			14 (	Dther	<b>12c</b>		
					d e		
Phoenix, AZ 85032					12d		
					o d e		
f Employee's address and ZIP code							
15 State Employer's state ID number	0 1 1	17 State income ta		3 . 1 .	19 Local inco	ome tax 20 Locality name	
AZ 201097205	96,384.00	1,734	.90				
		]					

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).