


a Employee's social security number XXX-XX-6699		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS Web Site at www.irs.gov.	
b Employer identification number (EIN) 20-1097205				1 Wages, tips, other compensation 96,384.00		2 Federal income tax withheld 16,214.40	
c Employer's name, address, and ZIP code SPECTRA INFO SYSTEMS, INC. 4080 MCGINNIS FERRY ROAD SUITE 1308 ALPHARETTA, GA 30005				3 Social security wages 15,360.00		4 Social security tax withheld 952.32	
				5 Medicare wages and tips 15,360.00		6 Medicare tax withheld 222.72	
				7 Social security tips		8 Allocated tips	
d Control number 34				10 Dependent care benefits			
e Employee's first name and initial Girish		Last name Ganji		11 Nonqualified plans		12a See instructions for box 12	
4132 E Anderson Dr Phoenix, AZ 85032				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number AZ   201097205		16 State wages, tips, etc. 96,384.00		17 State income tax 1,734.90		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	


Form **W-2** Wage and Tax Statement

**2021**

Department of the Treasury- Internal Revenue Service

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

AWW2-BC

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Form **W-2** Wage and Tax Statement

**2021**

Department of the Treasury- Internal Revenue Service

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