

| Copy B—To Be Filed With Employee's FEDERAL Tax Return. | | | OMB No. 1545-0008 | | |
|---|---------|---|---|--|--|
| a Employee's soc. sec. no. 338-11-4211 | | 1 Wages, tips, other comp. 106754.15 | 2 Federal income tax withheld 7441.40 | | |
| b Employer ID number (EIN) 310841368 | | 3 Social security wages 111404.99 | 4 Social security tax withheld 6907.11 | | |
| c Employer's name, address, and ZIP code US Bank National Assoc 4000 W Broadway Robbinsdale, MN 55422 | | 5 Medicare wages and tips 111404.99 | 6 Medicare tax withheld 1615.37 | | |
| d Control number | | | | | |
| e Employee's name, address, and ZIP code Vignesh Jeyaraj 4388 NW Chanticleer Drive Apt Q7 Portland, OR 97229 | | | | | |
| 7 Social security tips | | 8 Allocated tips | | 9 | |
| 10 Dependent care benefits | | 11 Nonqualified plans | | 12a Code See inst. for box 12 C 62.10 | |
| 13 Statutory employee | | 14 Other | | 12b Code D 4650.84 | |
| Retirement plan X | | | | 12c Code W 1884.58 | |
| Third-party sick pay | | | | 12d Code DD 18256.48 | |
| MN | 2917240 | 4273.97 | 267.00 | | |
| 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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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

| 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
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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