

a Employee's SSN 321-37-8615		1 Wages, tips, other compensation 34108.00		2 Federal income tax withheld 2956.78	
OMB No. 1545-0008		3 Social security wages 34108.00		4 Social security tax withheld 2114.70	
b Employer identification number 34-1400789		5 Medicare wages and tips 34108.00		6 Medicare tax withheld 494.57	
c Employer's name, address, and ZIP code Glazing Systems, Inc. P O Box 233 Tallmadge OH 44278					
e Employee's first name and initial Sahithi		Last name Maganti		Suff.	
276 Dale Drive Apt 102 Kent OH 44240					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number OH   51-700585		16 State wages, tips, etc. 34108.00		17 State income tax 846.05	
18 Local wages, tips, etc. 34108.00		19 Local income tax 511.62		20 Locality name BrTJED	

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.

a Employee's SSN 321-37-8615		1 Wages, tips, other compensation 34108.00		2 Federal income tax withheld 2956.78	
OMB No. 1545-0008		3 Social security wages 34108.00		4 Social security tax withheld 2114.70	
b Employer identification number 34-1400789		5 Medicare wages and tips 34108.00		6 Medicare tax withheld 494.57	
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18 Local wages, tips, etc. 34108.00		19 Local income tax 511.62		20 Locality name BrTJED	

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 321-37-8615		1 Wages, tips, other compensation 34108.00		2 Federal income tax withheld 2956.78	
OMB No. 1545-0008		3 Social security wages 34108.00		4 Social security tax withheld 2114.70	
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18 Local wages, tips, etc. 34108.00		19 Local income tax 511.62		20 Locality name BrTJED	

Form **W-2** Wage and Tax Statement **2021** Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 321-37-8615		1 Wages, tips, other compensation 34108.00		2 Federal income tax withheld 2956.78	
OMB No. 1545-0008		3 Social security wages 34108.00		4 Social security tax withheld 2114.70	
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9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
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13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number OH   51-700585		16 State wages, tips, etc. 34108.00		17 State income tax 846.05	
18 Local wages, tips, etc. 34108.00		19 Local income tax 511.62		20 Locality name BrTJED	

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service  
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

This information is being furnished to the Internal Revenue Service. 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.