Copy B To Be Filed With	2021							
FEDERAL Tax Return								
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld						
747 74 9499	13373.00	1481.11						
717-71-3420	3 Social security wages	4 Social security tax withheld						
b Employer ID number	13373.00	829.13						
	5 Medicare wages and tips	6 Medicare tax withheld						
27-2716470	13373.00	193.91						
c Employer's name, address, and ZIP code POSITIVE GROUP LLC 4080 MCGINNIS FERRY RD STE 1206 ALPHARETTA, GA 30005								
Ē	000000092 mp#149							
e Employee's name, address, ar SRAVANI MUDIRED 209 I 35 FRONTAGE I GEORGETOWN IN	DY							
AUSTIN, TX 78628-								
7 Social security tips								
10 Dependent care benefits	11 Nonqualified plans	^{12a} Code DD 3875.00						
13 Statutory employee 14	12b Code							
Retirement plan	12c Code							
Third-party sick pay	12d Code							
VA 30-272716470F 15 State Employer's state ID nur		93.00 116.09 ps, etc. 17 State income tax						
18 Local wages, tips, etc.	19 Local income tax	20 Locality name						

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return)21			
a Employee's soc. sec. no.						leral income tax withheld			
1.,			373.00	1481.11					
717-71-3420	3	3 Social security wages 4 Soc			cial security tax withheld				
b Employer ID number		13	373.00						
	5		wages and tips	tips 6 Medicare tax withheld					
27-2716470		13373.00 193.91							
c Employer's name, address, and ZIP code POSITIVE GROUP LLC 4080 MCGINNIS FERRY RD STE 1206									
ALPHARETTA, GA 3	0005								
d Control number 000000092 Emp#149									
e Employee's name, addre SRAVANI MUDIF			code						
209 I 35 FRONTAG	GE RO	AD							
GEORGETOWN IN									
AUSTIN, TX 78628-									
7 Social security tips		8 Allocated tips			9				
10 Dependent care benefit	8	11 Nonqualified plans			^{12a} 0	Code 3875.00			
13 Statutory employee	14 Oth	Other				12b Code			
Retirement plan						12c Code			
Third-party sick pay	sick pay				12d Code				
VA 30-272716470F-001 2393.00						116.09			
15 State Employer's state ID number 16 State wages, tips, etc.				ps, etc.		17 State income tax			
18 Local wages, tips, etc.	8 Local wages, tips, etc. 19 Local income tax				20 Locality name				
Form W-2 Wage and Tax Statement									

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

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

a Employee's soc. sec. no.	1	8 1 1				deral income tax withheld		
717-71-3420	_		373.00	1481.11				
717710120	3	3 Social security wages 4 So 13373.00				cial security tax withheld		
b Employer ID number	-			6 Medicare tax withheld				
27-2716470	5		wages and tips	tax withheld 193.91				
c Employer's name, addres	s and		code	I		155.91		
POSITIVE GROUP			code					
4080 MCGINNIS			D					
STE 1206								
ALPHARETTA, GA 3	0005							
d Control number		00000						
		p#149						
e Employee's name, addres SRAVANI MUDIR			code					
209 I 35 FRONTAG	GE RC	DAD						
GEORGETOWN IN	GEORGETOWN IN							
AUSTIN, TX 78628-	AUSTIN, TX 78628-							
7 Social security tips		8 Alloc	cated tips		9			
10 Dependent care benefits		11 Nonqualified plans				DD 3875.00		
13 Statutory employee	14 Ot	Other				12b Code		
Retirement plan						12c Code		
Third-party sick pay						12d Code		
			1					
VA 30-2727164	70F-(201	239	93.00		116.09		
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 3	Statemer	nt						

2021

Form W-2 Wage and Tax statement 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. For additional instructions related to Box 10 and Box 14, visit www.cpsgo.com/w2instructions.

Copy 2 To Be Filed With City or Local Income Tax		e's State,		2021				
a Employee's soc. sec. no.		ips, other comp.	2 Federal income tax withheld					
	13	3373.00		1481.11				
717-71-3420		curity wages	4 Soc	ocial security tax withheld				
b Employer ID number	13	3373.00		829.13				
07 0740470		wages and tips	6 Mee	6 Medicare tax withheld				
27-2716470		3373.00	193.91					
c Employer's name, address, an POSITIVE GROUP		code						
4080 MCGINNIS F		20						
STE 1206								
ALPHARETTA, GA 3000	5							
	-							
d Control number	000000	0092						
	mp#14	9						
e Employee's name, address, a SBAVANI MUDIBED		code						
209 I 35 FRONTAGE								
GEORGETOWN IN	NOAD							
AUSTIN, TX 78628-								
7 Social security tips		9						
10 Dependent care benefits 11 Nonqualified plans 13 Statutory employee 14 Other				12a Code				
				DD 3875.00				
13 Statutory employee 14		12b Code						
Retirement plan			ŀ	12c Code				
Remement plan				120 0000				
Third-party sick pay			ŀ	12d Code				
rind-party sick pay				120 Coue				
VA 00 070710470	- 001							
VA 30-272716470F-001 2393.00					116.09			
15 State Employer's state ID nu	-	16 State wages, tip	ps, etc.		State income tax			
18 Local wages, tips, etc.	19 Local	income tax		20 Localit	y name			

Form W-2 Wage and Tax Statement