

| Copy B To Be Filed With Employee's FEDERAL Tax Return | | | 2021 | | |
|---|--|--|------|--|--|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. 13373.00 | 2 Federal income tax withheld 1481.11 | | | |
| 717-71-3420 | 3 Social security wages 13373.00 | 4 Social security tax withheld 829.13 | | | |
| b Employer ID number | 5 Medicare wages and tips 13373.00 | 6 Medicare tax withheld 193.91 | | | |
| 27-2716470 | c Employer's name, address, and ZIP code POSITIVE GROUP LLC 4080 MCGINNIS FERRY RD STE 1206 ALPHARETTA, GA 30005 | | | | |
| d Control number | 000000092 Emp#149 | | | | |
| e Employee's name, address, and ZIP code SRAVANI MUDIREDDY 209 I 35 FRONTAGE ROAD GEORGETOWN IN AUSTIN, TX 78628- | | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code DD 3875.00 | | | |
| 13 Statutory employee | 14 Other | 12b Code | | | |
| Retirement plan | | 12c Code | | | |
| Third-party sick pay | | 12d Code | | | |
| VA 30-272716470F-001 | 2393.00 | 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 Statement

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 | | | 2021 | | |
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Form W-2 Wage and Tax Statement

| Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back.) | | | 2021 | | |
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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.

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