			7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
Form W-2 Wage and Tax Statement	2027			135036.28		14096.28
c Employer's name, address, and ZIP code GENERAL ELECTRIC COMPANY PO BOX 5000 SCHENECTADY NY 12301			8 Allocated tips	3 Social security wages 142800.00		
			9	5 Medicare wages and tips 147015.27	6 Medicare tax withheld 2131.72	
			10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
					^v C	462.48
e Employee's name, address, and ZIP code			13 Statutory Retirement Third-part employee plan Sick pay	^{iy} 14 Other	12b	
SUNDHARARAJAN NAGARAJAN			~		D	11978.99
5845 ZELKOVA DR CUMMING GA 30040		b Employer identification number (EIN)	12c		
		14-0689340		DD	18171.00	
		a Employee's social security no.		12d		
			099-94-0974		d	
15 State Employer's state I.D. no. GA 1893936FU	16 State wages, tips, etc. 13503			Local wages, tips, etc. 19 Local ind	come tax	20 Locality name

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GA 1893936FU	135036.28	6215.03			
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18	B Local wages, tips, etc. 19 Local inc	come tax 20 Locality name	
CUMMING GA 30040		a Employee's social security no. 099-94-0974		12d	
5845 ZELKOVA DR		b Employer identification number 14-0689340	(EIN)	12c g DD 18171.00	
SUNDHARARAJAN NAGARAJAN		13 Statutory Retirement Third-pa plan sick pay	14 Other	12b © D 11978.99	
e Employee's name, address, and ZIP code		Statutory Retirement Third-pa		[§] C 462.48	
c Employer's name, address, and ZIP code GENERAL ELECTRIC COMPANY PO BOX 5000 SCHENECTADY NY 12301		10 Dependent care benefits	11 Nongualified plans	12a See instructions for box 12	
		9	5 Medicare wages and tips 147015.27	6 Medicare tax withheld 2131.72	
		8 Allocated tips	3 Social security wages 142800.00	4 Social security tax withheld 8853.60	
Form W-2 Wage and Tax Statement	t 202l	7 Social security tips	1 Wages, tips, other comp. 135036.28		

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statemen	t 2021	7 Social security tips	1 Wages, tips, other com 135	o. 5036.28	2 Federal income	e tax withheld 14096.28
c Employer's name, address, and ZIP code GENERAL ELECTRIC COMPANY		8 Allocated tips	3 Social security wages	800.00	4 Social security tax withheld 8853.60	
PO BOX 5000 SCHENECTADY NY 12301		9	5 Medicare wages and tip 147	os 7015.27	6 Medicare tax withheld 2131.72	
		10 Dependent care benefits	11 Nonqualified plans	l c	12a C	462.48
e Employee's name, address, and ZIP code SUNDHARARAJAN NAGARAJAN 5845 ZELKOVA DR		13 Statutory employee Retirement plan Third- sick p v v v b Employee identification numb r	ay 14 Other	Code	12b D	11978.99
CUMMING GA 30040		14-0689340 a Employee's social security no 099-94-0974).	e	DD	18171.00
15 Employer's state I.D. no. GA 1893936FU	16 State wages, tips, etc. 135036.28		18 Local wages, tips, etc.	19 Local incon	ne tax	20 Locality name
Copy 2 To Be Filed With Employee's State. City	or Local Income Tax Return	1	OMB No. 1545-0008		Dept. of t	he Treasury - IRS

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		7 Social security tips	 Wages, tips, other co 	mp.	2 Federal ind	come tax withheld	
Form W-2 Wage and Tax Statemen	t 2021		13	5036.28		14096.28	
c Employer's name, address, and ZIP code GENERAL ELECTRIC COMPANY PO BOX 5000		8 Allocated tips	3 Social security wages	3 Social security wages		4 Social security tax withheld	
			14	2800.00		8853.60	
		9	5 Medicare wages and	5 Medicare wages and tips		6 Medicare tax withheld	
SCHENECTADY NY 12301			14	7015.27		2131.72	
SCHENECIADI NI 12301		10 Dependent care benefits	11 Nonqualified plans		12a		
					ğC	462.48	
e Employee's name, address, and ZIP code		13 Statutory Retirement Third employee plan sick	Pparty pay 14 Other		12b		
SUNDHARARAJAN NAGARAJAN		· ·			D	11978.99	
5845 ZELKOVA DR		b Employer identification numb	per (EIN)		12c		
		14-0689340			ğDD	18171.00	
CUMMING GA 30040		a Employee's social security no $099-94-0974$	0.				
15 Employer's state I.D. no. GA 1893936FU	16 State wages, tips, etc. 135036.28	17 State income tax 6215.03	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Copy 2 To Be Filed With Employee's State, City	, or Local Income Tax Returr	L87	OMB No. 1545-0008	5206	Dept.	of the Treasury - IRS	