

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 123682.85	2 Federal income tax withheld 22612.12	
a Employee's SSN 688-18-3693	3 Social security wages 138235.42	4 Social security tax withheld 8570.60		
b Employer ID No. (EIN) 94-1687665	5 Medicare wages and tips 138235.42	6 Medicare tax withheld 2004.41		
c Employer's name, address and ZIP code BANK OF AMERICA, NATIONAL ASSOCIATION 100 NORTH TRYON STREET SUITE 170 CHARLOTTE, NC 28202				
d Control number				
e — f Employee's name, address and ZIP code AMJATH CHANDRAN KASTURI 445 HAWKS CREEK PARKWAY FORT MILL, SC 29708				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 93.81	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code D	14552.57
14 Other		12c code W	600.00	
		12d code DD	20461.56	
15 State NC	Employer's state ID no. 600516045	16 State wages, tips, etc. 123682.85	17 State income tax	6041.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 123682.85	2 Federal income tax withheld 22612.12	
a Employee's SSN 688-18-3693	3 Social security wages 138235.42	4 Social security tax withheld 8570.60		
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d Control number				
e — f Employee's name, address and ZIP code AMJATH CHANDRAN KASTURI 445 HAWKS CREEK PARKWAY FORT MILL, SC 29708				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 93.81	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code D	14552.57
14 Other		12c code W	600.00	
		12d code DD	20461.56	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

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.

Copy C — For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 123682.85	2 Federal income tax withheld 22612.12	
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b Employer ID No. (EIN) 94-1687665	5 Medicare wages and tips 138235.42	6 Medicare tax withheld 2004.41		
c Employer's name, address and ZIP code BANK OF AMERICA, NATIONAL ASSOCIATION 100 NORTH TRYON STREET SUITE 170 CHARLOTTE, NC 28202				
d Control number				
e — f Employee's name, address and ZIP code AMJATH CHANDRAN KASTURI 445 HAWKS CREEK PARKWAY FORT MILL, SC 29708				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 93.81	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code D	14552.57
14 Other		12c code W	600.00	
		12d code DD	20461.56	
15 State NC	Employer's state ID no. 600516045	16 State wages, tips, etc. 123682.85	17 State income tax	6041.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
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d Control number				
e — f Employee's name, address and ZIP code AMJATH CHANDRAN KASTURI 445 HAWKS CREEK PARKWAY FORT MILL, SC 29708				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 93.81	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code D	14552.57
14 Other		12c code W	600.00	
		12d code DD	20461.56	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy	
W-2	2021
Wage and Tax Statement	
<small>Copy C for employee's records. OMB No. 1545-0008</small>	
d Control number	Dept. Corp. Employer use only
0000091238 WYH	CONT SW90 A 28755
c Employer's name, address, and ZIP code	
APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060	
e/f Employee's name, address, and ZIP code	
USHARANI PONNUDURAI 445 HAWKS CREEK PKWY FORT MILL, SC 29708	
b Employer's FED ID number	a Employee's SSA number
54-1773546	XXX-XX-5105
1 Wages, tips, other comp.	2 Federal income tax withheld
61920.00	6497.69
3 Social security wages	4 Social security tax withheld
61920.00	3839.04
5 Medicare wages and tips	6 Medicare tax withheld
61920.00	897.84
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
NC 600118751	61920.00
17 State income tax	18 Local wages, tips, etc.
3007.00	
19 Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

USHARANI PONNUDURAI
445 HAWKS CREEK PKWY
FORT MILL, SC 29708

Social Security Number: XXX-XX-5105

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5 Medicare wages and tips	6 Medicare tax withheld
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d Control number	Dept. Corp. Employer use only
0000091238 WYH	CONT SW90 A 28755
c Employer's name, address, and ZIP code	
APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060	
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54-1773546	XXX-XX-5105
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11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
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	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code	
USHARANI PONNUDURAI 445 HAWKS CREEK PKWY FORT MILL, SC 29708	
15 State Employer's state ID no.	16 State wages, tips, etc.
NC 600118751	61920.00
17 State income tax	18 Local wages, tips, etc.
3007.00	
19 Local income tax	20 Locality name
Federal Filing Copy	
W-2	2021
Wage and Tax Statement	
<small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008</small>	

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APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060	
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NC 600118751	61920.00
17 State income tax	18 Local wages, tips, etc.
3007.00	
19 Local income tax	20 Locality name
NC. State Filing Copy	
W-2	2021
Wage and Tax Statement	
<small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>	

1 Wages, tips, other comp.	2 Federal income tax withheld
61920.00	6497.69
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61920.00	897.84
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APEX SYSTEMS LLC 4400 COX ROAD, SUITE 200 ATTN: PAYROLL DEPARTMENT GLEN ALLEN, VA 23060	
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54-1773546	XXX-XX-5105
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
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	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code	
USHARANI PONNUDURAI 445 HAWKS CREEK PKWY FORT MILL, SC 29708	
15 State Employer's state ID no.	16 State wages, tips, etc.
NC 600118751	61920.00
17 State income tax	18 Local wages, tips, etc.
3007.00	
19 Local income tax	20 Locality name
City or Local Filing Copy	
W-2	2021
Wage and Tax Statement	
<small>Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008</small>	