



Employee Reference Copy  
**W-2** Wage and Tax Statement **2021**  
 Copy C for employees' records. OMB No. 1545-0008

1 Control number	Dept.	Corp.	Employer use only
010067 CHIC/DSI	000001		T

Employer's name, address, and ZIP code  
**ENERGIQUE APOTHECA GRATO HOLDINGS**  
**201 APPLE BLVD**  
**WOODBINE IA 51579**

Batch #02661

Employee's name, address, and ZIP code  
**SAI K KANADA**  
**54 4TH ST #1E**  
**WOODBINE IA 51579**

Employer's FED ID number 20-2413555	a Employee's SSA number XXX-XX-1689
Wages, tips, other comp. 17056.84	2 Federal income tax withheld 2373.85
3 Social security wages 17056.84	4 Social security tax withheld 1057.52
5 Medicare wages and tips 17056.84	6 Medicare tax withheld 247.32
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. IA 20-2413555-001	16 State wages, tips, etc. 17056.84
17 State income tax 731.86	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IA, State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	17,336.62	17,336.62	17,336.62	17,336.62
Less Other Cafe 125	279.78	279.78	279.78	279.78
<b>Reported W-2 Wages</b>	<b>17,056.84</b>	<b>17,056.84</b>	<b>17,056.84</b>	<b>17,056.84</b>

2. Employee Name and Address.

**SAI K KANADA**  
**54 4TH ST #1E**  
**WOODBINE IA 51579**

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Federal Filing Copy  
**W-2** Wage and Tax Statement **2021**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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Employee's name, address and ZIP code  
**SAI K KANADA**  
**54 4TH ST #1E**  
**WOODBINE IA 51579**

15 State Employer's state ID no. IA 20-2413555-001	16 State wages, tips, etc. 17056.84
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19 Local income tax	20 Locality name

IA, State Filing Copy  
**W-2** Wage and Tax Statement **2021**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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