	To Be Filed With Em ation is being funished to t	OMB No. 154	OMB No. 1545-0008				
a. Employee's social security number			other compensation 56245.97	2. Federal income tax withheld 4521.88			
	E624E 07		Social security tax withheld 3487.25				
	yer ID number (EIN) 115098	5. Medicare w	e wages and tips 56245.97 6. Medicare tax withheld 815.9				
Softi	ver's name, address, a lity Inc erndon Pkwy STI						
	on, VA 20170						
i. Contro	riumbei						
Venl	yee's name, address, a kata Raghava Ra 5 Abercorn Ave ANTA, GA 30346		iraju				
7. Social	security tips	8. Allocated tips		9. Verification Code	9. Verification Code		
10. Depe	ndent care benefits	11. Nonqualified	plans	12a. Code See inst	12a. Code See inst. for Box 12		
13. Statutory employee		14. Other		12b. Code			
Re	etirement plan			12c. Code			
Third	d-party sick pay			12d. Code	<u> </u>		
GA	3301484-NC			15.97	2847.50		
15. State 18. Local		19. Local income	16. State wages, tip tax 20. Locailty r	<u> </u>	ne tax		
Form W-	2 Wage and Tax State	ement	2021 Department	of the Treasury ~ Internal Reve	enue Service		
Copy CFo This information return, a neglical to report it	or EMPLOYEE'S RECORI on is being furnished to the Intern gence penalty or other sanction n	OS(See Notice to En al Revenue Service. If you hay be imposed on you if the	nployee.) u are required to file a tax his income is taxable and you	OMB No. 154	5-0008		
	e's social security number		other compensation 56245.97	2. Federal income tax withheld 4521.88			
813442840		3. Social secu	ırity wages	4. Social security tax withheld			

Copy 2To Be Filed With	Employoo's State	City						
or Local Income Tax Re		City,		OMB No. 1545-0008				
a. Employee's social security n	umber 1. Wages, tips	5, other compensation 56245.97	2. Fe	Federal income tax withheld 4521.88				
813442840 b. Employer ID number (E		curity wages 56245.97	4. So	Social security tax withheld 3487.25				
47-4115098		wages and tips 56245.97	6. M	. Medicare tax withheld 815.57				
c. Employer's name, addr Softility Inc								
607 Herndon Pkwy Herndon, VA 2017								
d. Control number								
e. Employee's name, address, and ZIP code								
Venkata Raghava Raju Bhupathiraju								
6115 Abercorn Ave								
ATLANTA, GA 303	16							
7. Social security tips	8. Allocated tip	es	9.	9. Verification Code				
10. Dependent care bene	its 11. Nonqualifie	ed plans	12	12a. Code See inst. for Box 12				
13. Statutory employee	14. Other		12	12b. Code				
Retirement plan			12	12c. Code				
Third-party sick pay			12	12d. Code				
GA 3301484	-NC	5624	5.97	2847.50				
15. State Employer's st	ate ID number	16. State wages, t	tips, etc.	17.State income tax				
18. Local wages, tips, etc.	19. Local incon	come tax 20. Locality name						
Form W-2 Wage and Tax Statement 2021 Department of the Treasury ~ Internal Revenue Service								

This information return, a negligifial to report it.	r EMPLOYEE'S RECORE is being furnished to the Interna- ence penalty or other sanction m	OS(See Notice to Em al Revenue Service. If you ay be imposed on you if the	iployee are requinis income	.) ired to file a tax is taxable and you		OMB No. 1545-0008		
a. Employee's social security number 813442840		1. Wages, tips, other compensation 56245.97		2. Federal income tax withheld 4521.88				
		3. Social security wages 56245.97			4. Social security tax withheld			
b. Employ	er ID number (EIN)				3487.25			
47-41	115098	5. Medicare wages and tips 56245.97			6. Me	6. Medicare tax withheld 815.57		
c. Employe	er's name, address, a	nd ZIP code		_				
Softil	ity Inc							
	rndon Pkwy STE n, VA 20170	304						
d. Control	number							
	Abercorn Ave	J 1						
7. Social s	ecurity tips	8. Allocated tips	Allocated tips			9. Verification Code		
10. Depen	dent care benefits	11. Nonqualified	1. Nonqualified plans			12a. Code See inst. for Box 12		
13. Statuto	ory employee	14. Other			12b. Code			
Ret	irement plan				12c. Code			
Third-party sick pay				12d. Code				
GA	3301484-NC	56245.			.97	2847.5		
15. State Employer's state ID		number 16. State wages, tip		s, 17.State income tax				
18. Local v	19. Local income	e tax 20. Locailty name						

Form W-2 Wage and Tax Statement 2021 Department of the Treasury ~ Internal Revenue Service								
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Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return OMB No.							OMB No. 1545-0008	
a. Employee's social security number 813442840		1. Wages, tips, other compensation 56245.97			2.	Federal income tax withheld 4521.88		
b. Employer ID number (EIN)		3. Social security wages 56245.97			4.	Social sececutity tax withheld 3487.25		
1	47-4115098 5. Medicare			nd tips 15.97	6.	6. Medicare tax withheld 815.57		
Softil 607 He	er's name, address, ar ity Inc erndon Pkwy STE en, VA 20170				•			
d. Control	number							
Venka	ee's name, address, a ata Raghava Ra Abercorn Ave NTA, GA 30346		raju					
7. Social s	security tips	3. Allocated tips				9. Verification Code		
10. Dependent care benefits		1. Nonqualified plans				12a. Code See inst. for Box 12		
13. Statute	ory employee	4. Other				12b. Code		
Retirement plan						12c. Code		
Third-party sick pay					12d. Code			
GA	3301484-NC	56245.			45.9	97	2847.50	
15. State	Employer's state ID	number 16. State wages, tips			, tips,	, 17.State income tax		
18. Local wages, tips, etc. 19. Local income tax 20. Locality name								
Form W-2 Wage and Tax Statement Department of the Treasury ~ Internal Revenue Service								