

Copy B--To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008		
This information is being furnished to the Internal Revenue Service.					
a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld			
813442840	56245.97	4521.88			
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld			
	56245.97	3487.25			
47-4115098	5. Medicare wages and tips	6. Medicare tax withheld			
	56245.97	815.57			
c. Employer's name, address, and ZIP code					
Softility Inc 607 Herndon Pkwy STE 304 Herndon, VA 20170					
d. Control number					
e. Employee's name, address, and ZIP code					
Venkata Raghava Raju Bhupathiraju 6115 Abercorn Ave ATLANTA, GA 30346					
7. Social security tips	8. Allocated tips	9. Verification Code			
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12			
13. Statutory employee	14. Other	12b. Code			
		12c. Code			
		12d. Code			
Retirement plan					
Third-party sick pay					
GA	3301484-NC	56245.97	2847.50		
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 **2021** Department of the Treasury - Internal Revenue Service

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement **2021** Department of the Treasury - Internal Revenue Service

Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)			OMB No. 1545-0008		
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.					
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Third-party sick pay					
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18. Local wages, tips, etc.	19. Local income tax	20. Locality name			

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