								Fe	deral Box 1	Soc. Sec. Box 3 8	\$7 N	Medicare Box 5
		explanation of the Gross amoun					Gross Wag		43147.	60 43147.	60	43147.60
							Group Tern	n Life	33.	11 33.	11	33.11
							Deferred C	omn	(253.6	7)		
							Section 12		(620.1	•	13)	(620.13)
ĺ							Other Preta	x/Wage Limit		• • • • • • • • • • • • • • • • • • • •	,	,
							W-2 Wages	:	42306.	91 42560.	.58	42560.58
D. CONTROL 000051592		This Information is to the Internal Revo		2021	OMB NO	D. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 42306.9		2. FEDERAL INCOME TA		LD 12.14
-1 -1111 -1111		TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUM	BER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T		
94-332647	6		002-39-9703					42560.5	8		263	38.76
CALL BUILDING SALAMANA		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
Exiservice. 10 Exchange								42560.5	8		6:	17.13
Ste 2200 Jersey City	•						7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
Jerse, e.e.	143 0,332						9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYER	E'S FIRST NAM	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUA	IFIED PLANS		12.a-d C		33.11
Vikas			Garg							D		253.67
5320 San Mateo Blvd NE Appartment # A05 Albuquergue NM 87109						14. OTHER			DD		1886.85	
USA F. EMPLOYER	e's ADDRESS	AND ZIP CODE								13. STATUTORY RETI	REMENT X	THIRD PARTY SICK PAY
15. STATE NM	EMPLOYER'S 03337620	S STATE I.D. NO.	16. STATE WAGE	ES, TIPS, ET 42306.	1700	STATE INCOME T	AX 1713.14	18. LOCAL WAGES, TIPS	, ETC. 19.	LOCAL INCOME TAX	20. LOCA	LITY NAME

D. CONTROL N 0000515925		This Information i to the Internal Re		2021	ОМВ	NO.	1545-0008	1. WAGES, T	PS, OTHER COM	IPENSATION 42306.91		2. FEDERAL INCOME TA	AX WIT	HHELD 4112.14
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD				
94-3326476 002-39-9703						42560.58				2638.76				
C. EMPLOYER	S NAME, AD	DRESS, AND ZIP (ODE					5. MEDICARE	WAGES AND T	TPS .		6. MEDICARE TAX WIT	THHELI)
Exiservice.C	om, LLC									42560.58				617.13
10 Exchange Ste 2200 Jersey City I								7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
Jersey City i	143 07302							9.				10. DEPENDENT CARE	BENEF	ITS
E. EMPLOYEE'	S FIRST NAM	IE AND INITIAL	LAST N	AME			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d _C		33.11
Vikas			Garg					***				D		253.67
5320 San M Appartment	# A05							14. OTHER				DD		1886.85
Albuquerque NM 87109 USA E. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETII	REMEN'	THIRD PARTY SICK PAY	
		STATE I.D. NO.	16. STATE WAG	20 12		17. ST	ATE INCOME T	AX	18. LOCAL WA	GES, TIPS, ETC.	19.	LOCAL INCOME TAX	20.1	OCALITY NAME
NM	03337620	03		42306	5.91			1713.14						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000051592501	This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 42306.91	2. FEDERAL INCOME T	AX WITHHELD 4112.14		
B. EMPLOYER IDENTIFIC	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	TAX WITHHELD		
94-3326476 002-39-9703						42560.58		2638.76		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD		
Exiservice.Com, LLC						42560.58		617.13		
10 Exchange Place Ste 2200	3				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Jersey City NJ 0730	2				9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST N.	AME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	33.11		
Vikas		Garg			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D	253.67		
5320 San Mateo Bl Appartment # A05 Albuguerque NM 87					14. OTHER		DD	1886.85		
USA F. EMPLOYEE'S ADDRES							13. STATUTORY RET PLA	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYE NM 033376	R'S STATE I.D. NO. 2003	16. STATE WAGE	S, TIPS, E 42306	THE PARTY OF THE P	TAX 1713.14	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 000051592		This Information is to the Internal Rev	is being furnished evenue Service 2021 OMB NO		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 42306.91		2. FEDERAL INCOME	2. FEDERAL INCOME TAX WITHHELD 4112.14		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD				
94-3326476 002-39-9703							42560.58		2638.76		
C. EMPLOYER	R'S NAME, A	ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	ITHHELD		
Exiservice.	Com, LLC						42560.58		617,13		
10 Exchange Place Ste 2200						7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Jersey City	/ NJ U/3U2					9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYER	E'S FIRST NA	ME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	33.11		
Vikas			Garg					D	253.67		
5320 San I Appartmer Albuguergi	nt # A05					14. OTHER		DD	1886.85		
USA .		S AND ZIP CODE						13. STATUTORY RE PL	TIREMENT X THIRD PARTY SICK PAY		
15. STATE NM	EMPLOYER 0333762	'S STATE I.D. NO. 003	16. STATE WAG	42306	TATION CONTRACTOR OF THE PROPERTY OF THE PROPE	TAX 1713.14	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		