	40.0 1 1 11 1 5 5 40		
b Employer's Identification number c Employer's name, address, and ZIP code 45 – 5484239	12a See instructions for Box 12 L \$ 3609.00	1 Wages, tips, other compensation 51247.80	2 Federal income tax withheld 6606.67
NMK GLOBAL INC.	12b	3 Social security wages	4 Social security tax withheld
WHIL GLODAL INC.	 \$	21598.20	1339.09
39039 PASEO PADRE PKWY STE 203	12c	5 Medicare wages and tips 21598.20	6 Medicare tax withheld 313.17
	\$ 12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538	l s		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
2618296	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party
PRAVALIKA GUNTI	Copy B To Be Filed with	Trionqualities plane	13 Statutory Retirement Third-party employee plan sick pay
1459 S MATTINA ST	Employee's FEDERAL	14 Other	
	Tax Return	CA SDI	614.97
TRACY CA 95391	a Employee's soc. sec. no	-	
f Employee's address and ZIP code	209-15-4187		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 026-7584-1			
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	<u>I</u> Vith Employee's FEDERAL Tax Return
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b Employer's Identification number c Employer's name, address, and ZIP code 45 - 5484239	L \$ 3609.00	1 Wages, tips, other compensation 51247.80	2 Federal income tax withheld 6606.67
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PRAVALIKA GUNTI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
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f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	209-15-4187 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 026-7584-1 51247.80 2652.72			
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE. CITY, or LOCAL Tax Departments
2021			,,
PTV 10/11/01 00P			
REV 12/14/21 OSP b Employer's Identification number A F F 4 9 4 2 2 0	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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FREMONT CA 94538	\$		10 Dependent care benefits
e Employee's first name and initial Last name 2618296	-	9	To Dependent care benefits
	0 00 000	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
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1459 S MATTINA ST	Local Tax Departments	14 Other	
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f Employee's address and ZIP code	209-15-4187		
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments
b Employer's Identification number 45 - 5484239	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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EDEMONTE CA 04520	12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538 e Employee's first name and initial Last name	\$ This information is being furnished to the	9	10 Dependent care benefits
2618296	This information is being furnished to the Internal Revenue Service. If you are		Sopolius it out o peticino
	required to file a tax return, a negligence penalty or other sanction may be imposed	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRAVALIKA GUNTI	on you if this income is taxable and you fail to report it.]	employee plan sick pay
1459 S MATTINA ST	Copy C for Employee's	14 Other	
MDAGY GA 05201	Records (see notice to Employee on back.)	CA SDI	614.97
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	209-15-4187 18 Local wages, tips, etc.	19 Local income tax	20 Locality name