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Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Emp	loyee's	20 2 OM	21 B No. 1545-0008	Cop	y 2 To Be Fi , or Local Ind	iled Wit come T	h Emp ax Ret	oloyee's State urn.		B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	er comp. 53204.00	2 Federa	l income tax withheld 9067.00	a Emp	ployee's SSN	1 Wages		her comp. 63204.00	2 Federa	I income tax withheld 9067.00
696-24-4371	3 Socia	al security v		4 Social s	security tax withheld	696	-24-4371	3 Social	security	wages	4 Social s	security tax withheld
b Employer ID no. (EIN)	5 Modi	icare wages	53204.00	6 Modica	3918.65	b Emp	oloyer ID no. (EIN)	5 Modice		63204.00	6 Modica	3918.65
46-2566667	J Meu		53204.00	• Medica	916.46	46-	-2566667	J Wedica		63204.00	• IVIEUICA	916.46
c Employer's name, ad SSATECH II	ldress, a NC	nd ZIP cod	е				ployer's name, ad SATECH II		d ZIP cod	de		
13800 COP	PERM	INE R	D STE 17	0		13	3800 COP	PERMI	NE F	RD STE 17	0	
HERNDON				VA	20171	HE	ERNDON				VA	20171
d Control number						d Cor	ntrol number					
e Employee's name, ac CHARAN RAC 5848 MAGNO VIRGINIA	JA R OLIA	AMADU CHAS	GU	T 101 VA	Suff. 23464	CH 58	ployee's name, ac IARAN RAC 348 MAGNO IRGINIA 1	JA RA OLIA	MADI CHAS		T 101 VA	Suff. 23464
7 Social security tips		8 Allocate	d tips	9		7 Soci	ial security tips	8	8 Allocate	ed tips	9	
10 Dependent care bene	efits	11 Nonqual	ified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	efits 1	1 Nonqua	alified plans	12a Co	ode See inst. for box 12
13	14 Ot	her		12b Co	ode	13		14 Othe	er		12b Co	ode
Statutory employee				12c C	ada	Statutor	y employee				12c Co	ada
Retirement Plan						Retireme	ent Plan					
Third-party sick pay				12d Co	ode	Third-pa	arty sick pay				12d Cd	ode
VA 30-46256	6667	F-001	6320	4.00	3122.00	VA	30-46256	56667F	-001	6320	4.00	3122.00
15 State Employer's s	tate ID n	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	e Employer's stat	te ID numb	er	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc	C.	19 Local in	come tax	20 Loca	lity name	18 Loc	al wages, tips, etc	c. 19	9 Local ir	ncome tax	20 Locality	y name
Form W-2 Wage and Ta This information is being furn	x Staten	nent	ionuo Sonico		Dept. of the Treasury - IR	Form V	N-2 Wage and Ta	ax Stateme	ent			Dept. of the Treasury - IR
This mornation is builty fulfi	ioncu to ti	o moma No	TOTAL SCIVICE.									

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.

CODY C FOR EMPLOYEE'S RECORDS.

2021

Copy C For EMPLOYEE'S RECORDS. 2021									
(See Notice to E	B No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, ot	•	2 Federal income tax withheld					
696-24-4371			63204.00	9067.00					
090-24-43/1	3 Soci	al security	· ·	4 Social security tax withheld					
b Employer ID no. (EIN)	E Mad	icare wage	63204.00	3918.65					
46-2566667	3 IVIEU	-		916.46					
05204.00									
c Employer's name, address, and ZIP code SSATECH INC									
13800 COPPERMINE RD STE 170									
HERNDON VA 20171									
d Control number									
e Employee's name, a	e Employee's name, address, and ZIP code Suff.								
CHARAN RAJA RAMADUGU									
5848 MAGNOLIA CHASE WAY APT 101									
VIRGINIA BEACH VA 23464									
7 Social security tips		8 Allocate	ed tips	9					
10 Dependent care ben	efits	11 Nonqua	alified plans	12a Code See inst. for box 12					
	1 440			12b Code					
13 Statutory employee	14 O	iner		12b Code					
				12c Code					
Retirement Plan					2d Code				
Third-party sick pay				ode					
VA 30-46256	56667	F-001	6320	4.00 3122.00					
VII 30 10230000/F 001 03201.00 3122.0									
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, et	ic.	19 Local ir	come tax	20 Locality name					

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n .										
	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021 OMB No. 1545-0008									
-			es, tips, ot			2 Federal income tax withheld				
	a Employee's SSN		,,	63204.00	9067.00					
-	696-24-4371	3 Soci	al security		4 Social security tax withheld					
		0 000	ar occurry	63204.00	3918.65					
-	b Employer ID no. (EIN)	5 Med	icare wage		6 Medicare tax withheld					
	46-2566667	• Med	63204.00			916.46				
	c Employer's name, address, and ZIP code SSATECH INC									
	13800 COPPERMINE RD STE 170									
	HERNDON VA 20171									
	d Control number									
	e Employee's name, address, and ZIP code CHARAN RAJA RAMADUGU 5848 MAGNOLIA CHASE WAY APT 101 VIRGINIA BEACH VA 23464									
	7 Social security tips		8 Allocate	ed tips	9					
	10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12					
	13	14 O	4 Other			12b Code				
	Statutory employee				12c Code					
	Retirement Plan									
	Third-party sick pay									
	VA 30-46256	6667	F-001	6320	4.00	3122.00				
	15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
	18 Local wages, tips, etc		19 Local in		20 Locality name					
3	Form W-2 Wage and Tax Statement Dept. of the Treasury - II									