b Employer's Identification number 26-4727861	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	I\$	90464.90	14866.17
EQUINOX IT SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
TOTAL TI SOUGITORS THE	<b> </b> s	15679.56	972.13
8500 N STEMMONS FWY, SUITE 5080,	12c	5 Medicare wages and tips	6 Medicare tax withheld
0300 N SIEPHONS IWI, SCIIE 3000,	<b> </b> \$	15679.56	227.35
DALLAS TX 75247	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name		9	10 Dependent care benefits
8145905	This information is being furnished to the Internal Revenue Service		
	internal Nevertue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
LALITHYA CHILLA	Copy B To Be Filed with		employee plan sick pay
13614 LEGACY CIRLCE	Employee's FEDERAL	14 Other	
APT F	Tax Return		
HERNDON VA 20171	a Employee's soc. sec. no	-	
	051-67-9194	1	
f Employee's address and ZIP code  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
DC 300100007711 15679.56 1	066.08	L	
TMD 114677096 T 74785 34T	5791.667	0	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return
b Employer's Identification number 26 4727961	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 26-4727861	l\$	90464.90	14866.17
EQUINOX IT SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
Egothon it bollottonb blo	<b> \$</b>	15679.56	972.13
8500 N STEMMONS FWY, SUITE 5080,	12c	5 Medicare wages and tips	6 Medicare tax withheld
oddo i dillillond iwi, ddiil dddd,	\$   12d	15679.56	227.35
DALLAS TX 75247		7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	I\$	9	10 Dependent care benefits
8145905			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
LALITHYA CHILLA	Local Tax Departments		Jan John Jan John Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
13614 LEGACY CIRLCE		14 Other	
APT F			
HERNDON VA 20171	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	051-67-9194		
15 State   Employer's state I,D. No.   16 State wages, tips, etc.   17 State income tax   DC   300100007711   15679.56   1	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MD 14677096	5791.66	+	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service		Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments
REV 01/24/22 OSP  b Employer's Identification number c Employer's name, address, and ZIP code 26-4727861	12a See instructions for Box 12	1 Wages, tips, other compensation 90464.90	2 Federal income tax withheld 14866.17
EQUINOX IT SOLUTIONS LLC		3 Social security wages	4 Social security tax withheld
EQUINON II SOUGIIONS BUC	<b> </b> \$	15679.56	972.13
8500 N STEMMONS FWY, SUITE 5080,	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$   12d	15679.56 7 Social security tips	227.35 8 Allocated tips
DALLAS TX 75247	1\$		C / Modula upo
e Employee's first name and initial Last name		9	10 Dependent care benefits
8145905			
LALITHYA CHILLA	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
13614 LEGACY CIRLCE	Local Tax Departments	11.00	
APT F		14 Other	
HERNDON VA 20171			
	a Employee's soc. sec. no	<del> </del>	
f Employee's address and ZIP code  15 State Employer's state I.D. No.   16 State wages, tips, etc.   17 State income tax	051-67-9194	19 Local income tax	20 Locality name
DC 300100007711 15679.56 1	066.08		
TMD 114677096 T 74785.34 T 5	5791.66		
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	ALE, GILT, OF LUGAL TAX Departments
b Employer's Identification number 26-4727861	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code	\$	90464.90	14866.17
EQUINOX IT SOLUTIONS LLC	12b	3 Social security wages 15679.56	4 Social security tax withheld 972.13
0500 5000	\$   12c	5 Medicare wages and tips	6 Medicare tax withheld
8500 N STEMMONS FWY, SUITE 5080,	<b> </b> \$	15679.56	227.35
	12d	7 Social security tips	8 Allocated tips
DALLAS TX 75247  [e Employee's first name and initial Last name	1\$	0	10 Dependent care benefits
Employee's first name and initial Last name 8145905	This information is being furnished to the Internal Revenue Service. If you are		o Dependent care belletits
	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
LALITHYA CHILLA	on you if this income is taxable and you fail to report it.		employee plan sick pay
13614 LEGACY CIRLCE	Copy C for Employee's	14 Other	
APT F	Records (see notice to Employee on back.)		
HERNDON VA 20171	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	051-67-9194	1	
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
	.066.08 5791.66	<del> </del>	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service		!	Copy C For Employee's Records
2 U Z I			