|   |  |                     | <u> </u>        |                       | <u></u>           |                        | <u> </u>            | Federal Box 1 | Soc. Sec. Box 3 &               | 7 Medicare Box 5   |  |
|---|--|---------------------|-----------------|-----------------------|-------------------|------------------------|---------------------|---------------|---------------------------------|--------------------|--|
|   |  |                     |                 |                       |                   |                        |                     |               |                                 |                    |  |
| To the right is an explanation of the contents of the wage boxes on your W-2. |  |                     |                 |                       |                   |                        | Gross Wages 62846.1 |               | .18 62846.1                     | 8 62846.18         |  |
| Please  | note that t  | he Gross amour      | nt shown may    | include a             | djustments.       | Txbl Benefit           | ts                  |               |                                 |                    |  |
|   |  |                     |                 |                       |                   | Group Term             | Life                | 54.           | .40 54.4                        | 0 54.40            |  |
|   |  |                     |                 |                       |                   | Adoption               |                     |               |                                 |                    |  |
|   |  |                     |                 |                       |                   | Deferred Co            | omp                 | (726.9        | 95)                             |                    |  |
|   |  |                     |                 |                       |                   | Section 125            | i                   | (2326.2       | 20) (2326.20                    | )) (2326.20)       |  |
|   |  |                     |                 |                       |                   | Other Preta            |                     |               |                                 |                    |  |
|   |  |                     |                 |                       |                   | W-2 Wages              |                     | 59847.        | .43 60574.3                     | 8 60574.38         |  |
| D. CONTROL  | CONTROL NUMBER This Information is being furnished |                     |                 |                       |                   | 1. WAGES, TI           | PS, OTHER COMPENSA  | ATION         | 2. FEDERAL INCOME TAX WITHHELD  |                    |  |
| 000051611   | 00051611101 to the Internal Revenue Serv           |                     |                 | 2021                  | OMB NO. 1545-0008 |                        | 59847               | 7.43          | 8569.36                         |                    |  |
|   |  | TION NUMBER         | A. EMPLOYEE'S   | SOCIAL SEC            | JRITY NUMBER      | 3. SOCIAL SE           | CURITY WAGES        |               | 4. SOCIAL SECURITY TAX WITHHELD |                    |  |
| 94-332647   |  |                     | 187-87-4660     |                       |                   |                        | 60574               | 1.38          | 3755.61                         |                    |  |
|   |  | DDRESS, AND ZIP C   | ODE             |                       |                   | 5. MEDICARE            | WAGES AND TIPS      |               | 6. MEDICARE TAX WITH            |                    |  |
| Exiservice.<br>10 Exchan  |  |                     |                 |                       |                   |                        | 60574               | 1.38          |                                 | 878.33             |  |
| Ste 2200  | ge riace   |                     |                 |                       |                   | 7. SOCIAL SEC          | URITY TIPS          |               | 8. ALLOCATED TIPS               |                    |  |
| Jersey City   | NJ 07302   |                     |                 |                       |                   | 9.                     |                     |               | 10. DEPENDENT CARE B            | ENECITS            |  |
|   |  |                     |                 |                       |                   | 3.                     |                     |               | 10. DEPENDENT CARE BENEFITS     |                    |  |
| E. EMPLOYE  | E'S FIRST NAM                                      | ME AND INITIAL      | LAST NA         | ME                    | SUFF.             | 11. NONQUALIFIED PLANS |                     |               | 12.a-d C                        | 54.40              |  |
| Parveen   |  |                     | Kumar           |                       |                   |                        |                     |               | D                               | 726.95             |  |
| 777 Main 9  |  |                     |                 |                       |                   | 14. OTHER CT           | PL .                | 302.88        | DD                              | 6202.84            |  |
| 2305 Unit<br>Hartford CT 06103  |  |                     |                 |                       |                   |                        |                     |               |                                 |                    |  |
| USA   | 1 00103  |                     |                 |                       |                   |                        |                     |               | 13. STATUTORY RETIR             | MENT X THIRD PARTY |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE  |  |                     |                 |                       |                   |                        |                     |               | EMPLOYEE PLAN                   | SICK PAY           |  |
| 15. STATE<br>CT   | 3824555  | S STATE I.D. NO.    | 16. STATE WAGI  | ES, TIPS, ET<br>59847 |                   | AX<br>3141.30          | 18. LOCAL WAGES, T  | IPS, ETC. 19  | LOCAL INCOME TAX                | 20. LOCALITY NAME  |  |
| CI  | 3024333  | 1-000               |                 | 39047                 | .43               | 3141.30                |                     |               |                                 |                    |  |
| D. CONTROL  | NUMBER   |                     |                 |                       |                   | 1 WAGES T              | PS. OTHER COMPENSA  | TION          | 2. FEDERAL INCOME TAX           | / WITHHELD         |  |
| D. CONTROL  | NUMBER   | This Information is | being furnished |                       |                   | 1. WAGES, II           | F3, OTHER CONTRENSA | ATTON         | 2. FEDERAL INCOME TAX           | . WITHHELD         |  |

| D. CONTROL   | L NUMBER      | This Information is | This Information is being furnished  |             |      | OMB NO. 1545-0008 | 1. WAGES, TI             | PS, OTHER COMPEN           | ISATION         |                   | 2. FEDERAL INCOME TA            | X WITHHELD                    |                   |
|--|---------------|---------------------|--------------------------------------|-------------|------|-------------------|--------------------------|----------------------------|-----------------|-------------------|---------------------------------|-------------------------------|-------------------|
| 00005161   | 1101          | to the Internal Rev |                                      |             |      |                   | 1545-0008                |                            | 598             | 47.43             |                                 |                               | 8569.36           |
| B. EMPLOYE   | ER IDENTIFICA | TION NUMBER         | A. EMPLOYEE'S SOCIAL SECURITY NUMBER |             |      |                   | 3. SOCIAL SECURITY WAGES |                            |                 |                   | 4. SOCIAL SECURITY TAX WITHHELD |                               |                   |
| 94-332647  | 76            |                     | 187-87-4660                          |             |      |                   |                          | 60574.38                   |                 |                   |                                 | 3755.61                       |                   |
| C. EMPLOYE   | ER'S NAME, A  | DDRESS, AND ZIP C   | ODE                                  |             |      |                   |                          | 5. MEDICARE WAGES AND TIPS |                 |                   |                                 | 6. MEDICARE TAX WITHHELD      |                   |
| ExIservice.  |               |                     |                                      |             |      |                   |                          |                            | 60574.38        |                   |                                 | 878.33                        |                   |
| 10 Exchan<br>Ste 2200<br>Jersey City                     |               |                     |                                      |             |      | 7. SOCIAL SEC     | URITY TIPS               |                            |                 | 8. ALLOCATED TIPS |                                 |                               |                   |
| Jersey City  | y NJ 07302    |                     |                                      |             |      |                   |                          | 9.                         |                 |                   |                                 | 10. DEPENDENT CARE I          | BENEFITS          |
| E. EMPLOYE   | E'S FIRST NAM | IE AND INITIAL      | LAST N                               | AME         |      |                   | SUFF.                    | 11. NONQUALIFIED PLANS     |                 |                   |                                 | 12.a-d C                      | 54.40             |
| Parveen  |               |                     | Kumai                                | r           |      |                   |                          |                            |                 |                   |                                 | D                             | 726.95            |
| 777 Main   | St            |                     |                                      |             |      |                   |                          | 14. OTHER CT               | PL              | 302.8             | 88                              | DD                            | 6202.84           |
| 2305 Unit  |               |                     |                                      |             |      |                   |                          |                            |                 |                   |                                 |                               |                   |
| Hartford CT 06103 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE |               |                     |                                      |             |      |                   |                          |                            |                 |                   | 13. STATUTORY RETIF             | REMENT X THIRD PARTY SICK PAY |                   |
| 15. STATE  | EMPLOYER'S    | STATE I.D. NO.      | 16. STATE WAG                        | ES, TIPS, E | TC.  | 17. STA           | ATE INCOME 1             | AX                         | 18. LOCAL WAGES | , TIPS, ETC.      | 19.                             | LOCAL INCOME TAX              | 20. LOCALITY NAME |
| CT   | 38245551      | -000                |                                      | 59847       | 7.43 |                   |                          | 3141.30                    |                 |                   |                                 |                               |                   |

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 000051611101   |                      | This Information is being furnished to the Internal Revenue Service |        | OMB NO. 1545-0008 |               | 1. WAGES, TIPS, OTHER COMPENSATION 59847.43 |                            |                    | 2. FEDERAL INCOME TAX WITHHELD<br>8569.36 |                                 |  |  |
|--|----------------------|---|--------|-------------------|---------------|---|----------------------------|--------------------|---|---------------------------------|--|--|
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER |                      |   |        |                   |               |   | 3. SOCIAL SECURITY WAGES   |                    |   | 4. SOCIAL SECURITY TAX WITHHELD |  |  |
| 94-3326476 187-87-4660   |                      |   |        |                   |               | 60574.38                                    |                            |                    | 3755.61                                   |                                 |  |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                              |                      |   |        |                   |               |   | 5. MEDICARE WAGES AND TIPS |                    |   | 6. MEDICARE TAX WITHHELD        |  |  |
| Exlservice.Com, LLC  |                      |   |        |                   |               |   | 60574                      | .38                |   | 878.33                          |  |  |
| 10 Exchange Place<br>Ste 2200  |                      |   |        |                   |               | 7. SOCIAL SECURITY TIPS                     |                            |                    | 8. ALLOCATED TIPS                         |                                 |  |  |
| Jersey City NJ 07302   | Jersey City NJ 07302 |   |        |                   |               |   |                            |                    | 10. DEPENDENT CARE BENEFITS               |                                 |  |  |
| E. EMPLOYEE'S FIRST NAM  | IE AND INITIAL       | LAST NA   | ME     |                   | SUFF.         | 11. NONQUALIFIED PLANS                      |                            |                    | 12.a-d C                                  | 54,40                           |  |  |
| Parveen  |                      | Kumar   |        |                   |               |   |                            |                    | D   | 726.95                          |  |  |
| 777 Main St  |                      |   |        |                   |               | 14. OTHER CTPL 302.88                       |                            |                    | 3 DD                                      | 6202.84                         |  |  |
| 2305 Unit<br>Hartford CT 06103   |                      |   |        |                   |               |   |                            |                    |   |                                 |  |  |
| USA<br>F. EMPLOYEE'S ADDRESS   | AND ZIP CODE         |   |        |                   |               |   |                            | 13. STATUTORY RETI | REMENT X THIRD PARTY SICK PAY             |                                 |  |  |
|  | STATE I.D. NO.       | 16. STATE WAGE  |        |                   | TATE INCOME T |   | 18. LOCAL WAGES, TI        | PS, ETC.           | 19. LOCAL INCOME TAX                      | 20. LOCALITY NAME               |  |  |
| CT 38245551  | -000                 |   | 59847. | .43               |               | 3141.30                                     |                            |                    |   |                                 |  |  |

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            | This Information is | being furnished |          |                       | 1. WAGES, T            | PS, OTHER COMPENSATION | ON                | 2. FEDERAL INCOME TA | AX WITHHELD                     |  |  |
|--|-------------------|---------------------|-----------------|----------|-----------------------|------------------------|------------------------|-------------------|----------------------|---------------------------------|--|--|
| 000051613  | 1101              | to the Internal Rev | enue Service    | 2021     | OMB NO. 1545-0008     | 59847.43               |                        |                   |                      | 8569.36                         |  |  |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER           |                   |                     |                 |          |                       |                        | CURITY WAGES           |                   | 4. SOCIAL SECURITY T | 4. SOCIAL SECURITY TAX WITHHELD |  |  |
| 94-3326476 187-87-4660   |                   |                     |                 |          |                       |                        | 60574.3                | 8                 |                      | 3755.61                         |  |  |
| C. EMPLOYE   | R'S NAME, A       | DDRESS, AND ZIP C   | ODE             |          |                       | 5. MEDICARE            | WAGES AND TIPS         |                   | 6. MEDICARE TAX WIT  | THHELD                          |  |  |
| Exlservice.  | Com, LLC          |                     |                 |          |                       |                        | 60574.3                | 8                 |                      | 878.33                          |  |  |
| 10 Exchanges Ste 2200  | 10 Exchange Place |                     |                 |          |                       |                        | URITY TIPS             |                   | 8. ALLOCATED TIPS    |                                 |  |  |
|  | / NJ 07302        |                     |                 |          |                       |                        |                        |                   |                      |                                 |  |  |
|  |                   |                     |                 |          |                       | 9.                     |                        |                   | 10. DEPENDENT CARE   | 10. DEPENDENT CARE BENEFITS     |  |  |
| E. EMPLOYE   | E'S FIRST NAM     | ME AND INITIAL      | LAST N          | AME      | SUFF.                 | 11. NONQUALIFIED PLANS |                        |                   | 12.a-d C             | 54.40                           |  |  |
| Parveen  |                   |                     | Kumai           | r        |                       |                        |                        |                   | D                    | 726.95                          |  |  |
| 777 Main 9<br>2305 Unit  |                   |                     |                 |          |                       | 14. OTHER CT           | PL                     | 302.8             | 8 DD                 | 6202.84                         |  |  |
| Hartford C<br>USA<br>F. EMPLOYE  |                   | AND ZIP CODE        |                 |          |                       |                        |                        |                   | 13. STATUTORY RETI   | REMENT X THIRD PARTY SICK PAY   |  |  |
| 15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME |                   |                     |                 | AX       | 18. LOCAL WAGES, TIPS | , ETC.                 | 19. LOCAL INCOME TAX   | 20. LOCALITY NAME |                      |                                 |  |  |
| CT   | 3824555           | L-000               |                 | 59847.43 |                       | 3141.30                |                        |                   |                      |                                 |  |  |