							Federal Box 1	Soc. Sec. Box 3 & 7	7 Medicare Box 5		
To the right is an	explanation of the	he contents of	the wage	boxes on your W-2.	Gross Wages 34846.1			14 34846.1	4 34846.14		
Please note that	the Gross amoun	nt shown may i	nclude ad	ljustments.	Txbl Benefi	its					
					Group Tern	n Life	27.	72 27.7	27.72		
					Adoption						
					Deferred C	omp	(636.9	90)			
					Section 12	5	(1174.9	92) (1174.9)	2) (1174.92)		
					Other Preta	ax/Wage Limit	•	,	, , ,		
					W-2 Wages		33062.	04 33698.9	33698.94		
D. CONTROL NUMBER											
000051615001	OMP NO 1545-0008					1. WAGES, TIPS, OTHER COMPENSATION 33062.04			2. FEDERAL INCOME TAX WITHHELD 4487.31		
	EMPLOYER IDENTIFICATION NUMBER A. EMPLOYER'S SOCIAL SECURITY NUMBER						.04	4. SOCIAL SECURITY TAX WITHHELD			
94-3326476	ATION NOWIDER	878-57-3748		INTIT NOWIBER	3. 30CIAL 3E	CURITY WAGES 33698	0.4	2089.33			
C. EMPLOYER'S NAME, A	ADDRESS AND 7IP C	_	1		5 MEDICARE	WAGES AND TIPS	. 54	6. MEDICARE TAX WITI			
Exlservice.Com, LLC					or medicine	33698	.94	ormeoratic trut triti	488.63		
10 Exchange Place					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Ste 2200											
Jersey City NJ 0730	2				9.			10. DEPENDENT CARE B	ENEFITS		
, ,											
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	27.72		
Dhirendra C		Gairau	ıla					D	636.90		
Stepny Place 1800	Silas Deane High	iway			14. OTHER CT	TPL .	168.49	DD	4522.06		
APT # 210N											
Rocky Hill CT 06067	7							13. STATUTORY RETIR	EMENT X THIRD PARTY		
EJSA IPLOYEE'S ADDRESS					1	I		EMPLOTEE PLAN	SICK PAT		
15. STATE EMPLOYER CT 3824555	'S STATE I.D. NO.	16. STATE WAG	33062.		1706.22	18. LOCAL WAGES, T	PS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		
Ci <u>3624333</u>	<u> </u>		JJ002.	04	1/00.22						
D. CONTROL NUMBER	This Information is	s baing francishad			1. WAGES, T	IPS. OTHER COMPENSA	TION	2. FEDERAL INCOME TA	X WITHHELD		

D. CONTROL NUMBER	This Information is	being furnished				1. WAGE	, TIPS, OTHER CON	MPENSATION	2	2. FEDERAL INCOME TA	X WITHHELD	
000051615001	to the Internal Rev	enue Service	2021	OMB N	O. 1545-000	18	:	33062.04			4487.31	
B. EMPLOYER IDENTIFICAT	URITY NUN	3. SOCIAI	SECURITY WAGES		4	4. SOCIAL SECURITY TAX WITHHELD						
94-3326476			:	33698.94		2089.33						
C. EMPLOYER'S NAME, AD		5. MEDIC	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD						
Exlservice.Com, LLC				:	33698.94		488.63					
10 Exchange Place							SECURITY TIPS		8	8. ALLOCATED TIPS		
Ste 2200												
Jersey City NJ 07302				9.	9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAM	IE AND INITIAL	LAST NA	AME		SUF	. 11. NONG	11. NONQUALIFIED PLANS			2.a-d C	27.72	
Dhirendra C		Gairau	ıla							D	636.90	
Stepny Place 1800 S	ilas Deane High	way				14. OTHER	14. OTHER CTPL 168.49			DD	4522.06	
APT # 210N									.			
Rocky Hill CT 06067							13	3. STATUTORY RETIR	REMENT X THIRD PARTY			
EJSAIPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN	SICK PAY	
	STATE I.D. NO.	16. STATE WAG		I	7. STATE INCOM			GES, TIPS, ETC.	19. LC	DCAL INCOME TAX	20. LOCALITY NAME	
CT <u>38245551</u>	<u>-000</u>		33062	.04		1706.2	2					

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. CONTRO	LNILINADED	This Information is	batha a familia basal				1 MAGES T	PS. OTHER COMPEN	NOITA	2. FEDERAL INCOME TO	AV WITHHELD	
					OMB N	O. 1545-0008	1. WAGES, I	*		2. FEDERAL INCOME 17		
00005161	15001	to the Internal Rev	enue Service	2021	0	0. 10.0 0000		3306	52.04		4487.31	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER								CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
<u>94-3326476</u> <u>878-57-3748</u>								3369	98.94	2089.33		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
Exlservice.Com, LLC								3369	98.94		488.63	
10 Exchange Place							7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Ste 2200												
Jersey City NJ 07302							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	EE'S FIRST NAM	AE AND INITIAL	LAST N	AME		SUFF.	11. NONQUALIFIED PLANS			12.a-d C	27.72	
Dhirendra	a C		Gaira	ıla						D	636.90	
Stepny Pl	lace 1800 S	ilas Deane High	way				14. OTHER CTPL 168.49			9 DD	4522.06	
APT # 21	.ON	_										
Rocky Hill CT 06067										13. STATUTORY RETI	REMENT X THIRD PARTY	
[JSMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAT	N SICK PAY	
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 1	7. STATE INCOME	TAX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
CT	3824555	<u>1-000</u>		33062	.04		1706.22					
`onu 2 T	Only 2. To be filed with Employee's STATE CITY or LOCAL tow return 2.000.											

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	L NUMBER	This Information is			OMB NO. 154		1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
00005161	L5001	to the Internal Rev	renue Service 2021		OIVIB NO. 1343-0008	33062.04				4487.31			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
<u>94-3326476</u> <u>878-57-3748</u>								33698.94			2089.33		
C. EMPLOYE	C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Exlservice	Exlservice.Com, LLC							33698.	94		488.63		
10 Exchar	10 Exchange Place							URITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Ste 2200													
Jersey Cit	Jersey City NJ 07302							9. 10. DEPENDENT CARE BE					
E. EMPLOYE	EE'S FIRST NAM	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUALIFIED PLANS			12.a-d C	27.72		
Dhirendra	a C		Gairau	ıla						D	636.90		
Stepny Pl	lace 1800 S	Silas Deane High	iway				14. OTHER CT	PL	168.4	DD	4522.06		
APT # 21	.ON												
Rocky Hill	I CT 06067									13. STATUTORY RETI	REMENT THIRD PARTY		
EJSMPLOYE	[J\$MPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAN	SICK PAY		
15. STATE	STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T				AX	18. LOCAL WAGES, TI	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				
CT	CT <u>38245551-000</u> 33062.04					1706.22							