

b Employer's Identification number c Employer's name, address, and ZIP code		81-2905983 AKSOR TECHNOLOGIES INC 12000 FORD RD SUITE A481 FARMERS BRANCH TX 75234		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	33461.55	3450.75	
				12b	3 Social security wages	4 Social security tax withheld	
				\$			
				12c	5 Medicare wages and tips	6 Medicare tax withheld	
				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		15093253		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return	9	10 Dependent care benefits	
ANVESH K KONDA 9452 VALLEY RANCH PKWY E IRVING TX 75063					11 Nonqualified plans	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
					14 Other	Third-party sick pay <input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no.	769-99-8128		
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	

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		81-2905983 AKSOR TECHNOLOGIES INC 12000 FORD RD SUITE A481 FARMERS BRANCH TX 75234		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
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				12c	5 Medicare wages and tips	6 Medicare tax withheld	
				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		15093253		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments	9	10 Dependent care benefits	
ANVESH K KONDA 9452 VALLEY RANCH PKWY E IRVING TX 75063					11 Nonqualified plans	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
					14 Other	Third-party sick pay <input type="checkbox"/>	
f Employee's address and ZIP code				a Employee's soc. sec. no.	769-99-8128		
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	

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 STATE, CITY, or LOCAL Tax Departments

REV 01/06/22 OSP

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				\$			
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		15093253		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. Copy C for Employee's Records (see notice to Employee on back.)	9	10 Dependent care benefits	
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records

b Employer's Identification number c Employer's name, address, and ZIP code		81-2905983 AKSOR TECHNOLOGIES INC 12000 FORD RD SUITE A481 FARMERS BRANCH TX 75234		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
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