Copy B To Be Filed with Employee's FEDERAL Tax Return. 2021 OMB No. 1545-0008								
	loyee's SSN		es, tips, otl	her comp.	2		l income tax withheld	
	-31-3269 i	• • •		72836.00	_		7032.00	
		3 Socia	al security wages 72836.00			4 Social security tax withheld 4515.83		
	oyer ID no. (EIN)	5 Medi	licare wages and tips			6 Medicare tax withheld		
	2566667		72836.00			1056.12		
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15 State	Employer's s	tate ID n	umber	16 State wages, tip	os, e	etc.	17 State income tax	
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Earm M	/-2 Wage and Ta	Ctotoo	oont				Dent of the Treasury - IRS	

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. **2021** OMB No. 1545-0008 1 Wages, tips, other comp. 72836.00 2 Federal income tax withheld 7032.00 a Employee's SSN 273-31-3269 **3** Social security wages 4 Social security tax withheld 4515.83 72836.00 **b** Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 46-2566667 72836.00 1056.12 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 Suff. SHILPA MARAMPALLI 34 DEANNA DR, APT# 92 HILLSBOROUGH 08844 NJ 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code Statutory employee NJ-SDI 342.33 12c Code NJ-SUI 138.47 Retirement Plan NJ-WFD 15.20 12d Code 203.94 NJ-FLI Third-party sick pay 462566667/001 72836.00 NJ2978.13 15 State Employer's state ID number 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

Dept. of the Treasury - IRS

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 fall to report it.

perialty of	otrici sariction may	be impos	scu on you ii i	ilis ilicomic is taxabic a	na you raii to	TCPOIT IL.		
	C For EMI Notice to E			CORDS.	20 2	21 B No. 1545-0008		
	loyee's SSN		es, tips, otl	ner comp.		l income tax withheld		
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273-	-31-3269	3 Social security wages			4 Social security tax withheld			
b Emplo	yer ID no. (EIN)	72836.00			4515.83			
		5 Medicare wages and tips			6 Medicare tax withheld			
46-2566667				72836.00		1056.12		
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d Cont	rol number							
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		ployee's State,	202	21	
City, or Local In				B No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp.		2 Federal income tax withheld		
	72836.00		7032.00		
273-31-3269	3 Social security	Ü	4 Social security tax withheld		
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	5 Medicare wag	·	6 Medicare tax withheld		
46-2566667		72836.00	1056.12		
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d Control number					
e Employee's name, a SHILPA MA 34 DEANNA	RAMPALLI			Suff.	
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