

**FORM W-2 Wage and Tax Statement**  
Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.  To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.	Gross Wages	Federal Box 1 32237.60	Soc. Sec. Box 3 and 7 32237.60	Medicare Box 5 32237.60
	Taxi Benefits			
	Group Term Life			
	Adoption			
	Deferred Comp			
	Section 125			
Other Pretax/Wage Limit				
W-2 Wages	32237.60	32237.60	32237.60	

D. CONTROL NUMBER 001224586901	This information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPENSATION 32237.60	2. FEDERAL INCOME TAX WITHHELD 3855.75
B. EMPLOYER IDENTIFICATION NUMBER 22-2481381	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 703-66-7607			3. SOCIAL SECURITY WAGES 32237.60	4. SOCIAL SECURITY TAX WITHHELD 1998.73
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Data Inc. 2400 Meadowbrook Pkwy Duluth GA 30096				5. MEDICARE WAGES AND TIPS 32237.60	6. MEDICARE TAX WITHHELD 467.45
E. EMPLOYEE'S FIRST NAME AND INITIAL Lakshmi Sindhu LAST NAME Tirumalasetty SUFF. 1305, Showbox Street Pflugerville TX 78660 USA				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
				9.	10. DEPENDENT CARE BENEFITS
F. EMPLOYEE'S ADDRESS AND ZIP CODE				11. NONQUALIFIED PLANS	12. a-d
				14. OTHER	
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					

FOLD AND TEAR ALONG PERFORATION

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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
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**W-2 AND WAGE SUMMARY**