									Federa	Box 1	Soc. Sec. Box 3 8	k7 Me	edicare Box 5
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.								Gross Wages 31000. Txbl Benefits				00	31000.00
							Group Term	Life		21.	20 21.	20	21.20
							Adoption						
							Deferred Co	mp		(240.0	0)		
							Section 125		(:	160.1	0) (1160.1	.0)	(1160.10)
							Other Preta	x/Wage Lir	nit				
							W-2 Wages		2	9621.	10 29861.	10	29861.10
D. CONTROL NUI 00005163140	D. CONTROL NUMBER   This Information is being furnished to the Internal Revenue Service   2021   OMB NO. 1545-0008					1. WAGES, TIPS, OTHER COMPENSATION 29621.10				2. FEDERAL INCOME TAX WITHHELD 4631.78			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAS			4. SOCIAL SECURITY TAX WITHHELD			
94-3326476 690-11-2847									29861.10		1851.39		
CALL TRACESCO SARAGAMACANA CONTACTOR	ACCOUNT OF THE PARTY OF THE PAR	RESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
Exiservice Con 10 Exchange F									29861.10		0.0000000000000000000000000000000000000	432	2.99
Ste 2200 Jersey City NJ							7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
Sersey city NS	7 07302						9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S F	FIRST NAME	AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C		21.20
ATUL			UNIYA	L							D		240.00
95 Hockanum Boulevard Unit 6226							14. OTHER CT	PL	1-	49.31	DD		3101.45
Vernon CT 06066 USA E. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETII		THIRD PARTY SICK PAY
	MPLOYER'S S 8245551-0	STATE I.D. NO.	16. STATE WAGE	29621.1		7. STATE INCOME 1	AX 1559.91	18. LOCAL	WAGES, TIPS, ET	C. 19.	LOCAL INCOME TAX	20. LOCALI	ITY NAME

D. CONTROL 000051631		This Information is being furnished to the Internal Revenue Service		2021	OMB N	NO. 1545-0008		1. WAGES, T	es, TIPS, OTHER COMPENSATION 29621.10				2. FEDERAL INCOME TAX WITHHELD 4631.78		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES					4. SOCIAL SECURITY TAX WITHHELD				
94-3326476 690-11-2847						29861.10					1851.39				
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE					5. MEDICARE	WAGES AND	TIPS			6. MEDICARE TAX WIT	HHELD	
Ex service.Com, LLC								29861.10					432.99		
10 Exchange Place Ste 2200							7. SOCIAL SECURITY TIPS					8. ALLOCATED TIPS			
Jersey City NJ 07302							9.					10. DEPENDENT CARE BENEFITS			
E. EMPLOYER	E'S FIRST NAM	ME AND INITIAL	LAST NA	AME			SUFF.	11. NONQUAL	IFIED PLANS				12.a-d C		21,20
ATUL			UNIYA	L				1 - 1					D		240.00
95 Hockanum Boulevard Unit 6226						14. OTHER CTPL 149.31					DD 3101.45		3101.45		
Vernon CT 06066												-	13. STATUTORY RETIR	FRAFAIT T	HIRD PARTY
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE												EMPLOYEE PLAN		ICK PAY	
15. STATE		S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STA	ATE INCOME	AX	18. LOCAL V	VAGES, TIPS	, ETC.	19.	LOCAL INCOME TAX	20. LOCALIT	Y NAME
СТ	3824555	1-000		29621	1.10			1559.91							

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 000051631401		formation is being furnished Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 29621.10			2. FEDERAL INCOME TAX WITHHELD 4631.78		
B. EMPLOYER IDENTIFICA	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
94-3326476		690-11-2847				29861	.10	1851.39		
C. EMPLOYER'S NAME, A	ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD	
Exiservice Com, LLC						29861	.10		432.99	
10 Exchange Place Ste 2200					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City NJ 07302	1				9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	21.20	
ATUL		UNIYA	L					D	240.00	
95 Hockanum Boule Unit 6226 Vernon CT 06066	vard				14. OTHER CT	PL	149.3	DD	3101.45	
USA F. EMPLOYEE'S ADDRES	S AND ZIP CODE							13. STATUTORY RET PLA	REMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER CT 3824555	'S STATE I.D. NO. 1-000	16. STATE WAG	ES, TIPS, E 29621		TAX 1559.91	18. LOCAL WAGES, T	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUI 00005163140	This information is	This Information is being furnished to the Internal Revenue Service		2021 OMB NO. 1545-0008		1. WAGES, T	IPS, OTHER COMPENSA 29621		2. FEDERAL INCOME TAX WITHHELD 4631.78		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
94-3326476 690-11-2847							29861	.10	1851.39		
C. EMPLOYER'S N	IAME, ADDRESS, AND ZIP (	CODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD	
Exiservice.Cor	n, LLC						29861	.10		432.99	
10 Exchange Place Ste 2200 Jersey City NJ 07302							CURITY TIPS		8. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S F	IRST NAME AND INITIAL	LAST NA UNIYA			SUFF.	11. NONQUA	IFIED PLANS		12.a-d C	21.20 240.00	
95 Hockanum Unit 6226 Vernon CT 06 USA F. EMPLOYEE'S A						14. OTHER C	TPL .	149.31	DD	3101.45	
15. STATE EN	PLOYER'S STATE I.D. NO. 245551-000	16. STATE WAG	ES, TIPS, ETC 29621.1	1000	TATE INCOME 1	AX 1559.91	18. LOCAL WAGES, 1	IPS, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	