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.    Content									Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5		
Adoption Deferred Comp (200.76) Section 125 (301.00) (301.00) (301.00) Other Pretax/Wage Limit W-2 Wages 25435.87 25636.63 25636.63  D. CONTROL NUMBER of the Internal Revenue Service 2021 OMB NO. 1545-0008 1. WAGES, TIPS, OTHER COMPENSATION 25435.87 25636.63 25636.63  D. CONTROL NUMBER of the Internal Revenue Service 2021 OMB NO. 1545-0008 1. WAGES, TIPS, OTHER COMPENSATION 25435.87 25636.63 25636.63  D. CONTROL NUMBER of the Internal Revenue Service 2021 OMB NO. 1545-0008 1. WAGES, TIPS, OTHER COMPENSATION 25435.87 3422.86  B. EMPLOYER IDENTIFICATION NUMBER O45-59-9423 3. SOCIAL SECURITY WAGES 25636.63 1589.47  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 5. MEDICARE WAGES AND TIPS 25636.63 371.73  D. MEDICARE WAGES AND TIPS 3. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 5. MEDICARE WAGES AND TIPS 9. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 5. SOCIAL SECURITY TIPS 9. D.									25923	.05 25923.	05 25923.05		
Deferred Comp   (200.76)   Section 125   (301.00)   (							Group Term	ı Life	14	.58 14.	58 14.58		
Section 125							Adoption						
Other Pretax/Wage Limit W-2 Wages 25435.87 25636.63 25636.63  D. CONTROL NUMBER 000051656601 to the Internal Revenue Service 000051656601  B. EMPLOYER IDENTIFICATION NUMBER 044-3326476 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Exklervice.Com, LLC 10 Exchange Place Stee 2200 Jersey City NJ 07302  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Simarpreet Kaur Kaintal  LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME Kaintal  LAST NAME LAST NAME APPLIANCE SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SIMARPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. SIMARPLOYEE'S ADDRESS AND ZIP CODE  14. OTHER CTPL 128.18  DD 1078.20  13. STATUDRY RETIREMENT TINE PLANE PLAN OCAL INCOME TAX ZO LOCALITY NAME SISTEME MEMPLOYEE'S STATE I.D. NO. 16. STATE   EMPLOYER'S STATE I.D. NO. 17. STATE INCOME TAX  18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX  25636.63 25636.63 4. SOCIAL SECURITY TAX WITHHELD 25636.63 371.73 3422.86 4. SOCIAL SECURITY TAX WITHHELD 25636.63 371.73							Deferred Co	omp	(200.	76)			
W-2 Wages 25435.87 25636.63 25636.63  D. CONTROL NUMBER 000051656601 In his Information is being furnished to the Internal Revenue Service 2021 OMB NO. 1545-0008 25435.87 25636.63 3422.86  B. EMPLOYER IDENTIFICATION NUMBER 0455-9423 3. SOCIAL SECURITY NUMBER 0455-9423 25636.63 4. SOCIAL SECURITY TAX WITHHELD 25636.63 1589.47  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 25636.63 371.73  Extraction of the internal Revenue Service of the Internal Revenue Service of the Internal Revenue Service of Security Number of Security Wages 25636.63 4. SOCIAL SECURITY TAX WITHHELD 25636.63 1589.47  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 25636.63 371.73  Extraction of the Internal Revenue Service of Security Number of Security Tips of Tips of Tips of Tips of Tips of Tips of							Section 125	5	(301.0	00) (301.0	0) (301.00)		
D. CONTROL NUMBER 000051656601							Other Preta	ıx/Wage Limit					
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Sumployers independent   Sumployers   Sump						OMB NO 1545-0008	1. WAGES, T						
94-3326476 045-59-9423 25636.63 1589.47  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE EXISERVICE. COMP, LLC 10 EXCHAINGP Place Ste 2200 Jersey City NJ 07302  E. EMPLOYEE'S FIRST NAME AND INITIAL E. EMPLOYEE'S FIRST NAME AND INITIAL Simarpreet Kaur Kaintal  E. EMPLOYEE'S FIRST NAME AND INITIAL AST NAME Simarpreet Kaur Kaintal  11. NONQUALIFIED PLANS 12.a-d C 14.58 D 200.76 39 Buckland Street Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE  13. STATE   EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYEE'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TAX   18. LOCAL WAGES, TIPS, ETC.   19. LOCAL WINCOME TAX   20. LOCAL LINCOME TAX   2		00051656601 to the Internal Revenue Service 2021 OWB NO. 1545-0008						5.87					
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10 Exchange Place Ste 2200 Jersey City NJ 07302  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME Simarpreet Kaur Kaintal  39 Buckland Street Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE  14. OTHER CTPL 128.18 DD 10. DEPENDENT CARE BENEFITS  11. NONQUALIFIED PLANS 12.a-d C 14. 58 D 200.76 14. OTHER CTPL 128.18 DD 1078.20 13. STATUTORY RETIREMENT HIRD PARTY SICK PAY EMPLOYEE'S ADDRESS AND ZIP CODE 13. STATE EMPLOYEE'S ADDRESS 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	COLUMN TO A STATE OF THE STATE		DDRESS, AND ZIP C	ODE			5. MEDICARE			6. MEDICARE TAX WIT			
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Simarpreet Kaur Kaintal D 200.76 39 Buckland Street Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE  STATE   MPLOYER'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	Jersey City	NJ 07302					9.			10. DEPENDENT CARE	BENEFITS		
Simarpreet Kaur Kaintal D 200.76 39 Buckland Street Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE  STATE   MPLOYER'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	C EMPLOYE	T'C FIDET NAM	AE AND INITIAL	LACTINA	NAC	CHEE	11 NONOUAL	IEIED DIANE		12 - 4 -			
39 Buckland Street Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE F. EMPLOYEE'S TATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME			TE AND INITIAL			SUFF.	11. NUNQUAL	IFIED PLANS		-			
Apt #1513-2 Hartford CT 06042 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE F. STATE   EMPLOYEE'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					,		14 OTHER CT	FRI	120.10				
F. EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYEE'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	Apt #1513	<b>-</b> 2						IPL	120.16		2010120		
	F. EMPLOYE									EMPLOYEE PLAN	REMENT X THIRD PARTY SICK PAY		
				16. STATE WAGE				18. LOCAL WAGES,	TIPS, ETC. 19	). LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMB 000051656601	This Information to the Internal R	is being furnished evenue Service	2021	OMB NO	O. 1545-0008	1. WAGES, T	PS, OTHER		35.87		2. FEDERAL INCOME T	AX WITHHELD 3422.86	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
94-3326476 045-59-9423						25636.63						1589.47	
C. EMPLOYER'S NAM	ME, ADDRESS, AND ZIP	CODE				5. MEDICARE WAGES AND TIPS					6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
Exiservice.Com,	LLC						25636.63					371.73	
10 Exchange Pla Ste 2200						7. SOCIAL SECURITY TIPS					8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Jersey City NJ 07302						9.					10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRS	T NAME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLAN	VS			12.a-d C	14.58	
Simarpreet Kaur		Kainta	d .								D	200.76	
39 Buckland Street Apt #1513-2 Hartford CT 06042					14. OTHER CT	PL		1	28.18	DD	1078.20		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE EMPL	OYER'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	ETC. 17	7. STATE INCOME T	AX	18. LOCA	L WAGES	, TIPS, ET	C. 1	19. LOCAL INCOME TAX	20. LOCALITY NAME	
CT 3824	15551-000		25435	5.87		1305.63							

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 000051656601	This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 25435.87			2. FEDERAL INCOME TAX WITHHELD 3422.86			
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
94-3326476		045-59-9423				25636.6	3	1589.47			
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Exiservice.Com, LLC						25636.6	3		371.73		
10 Exchange Place Ste 2200 Jersey City NJ 07302					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Jersey City NJ 07302					9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	14.58		
Simarpreet Kaur		Kainta			111111111111111111111111111111111111111			D	200.76		
39 Buckland Street Apt #1513-2 Hartford CT 06042						PL	128.18	DD	1078.20		
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER CT 3824555	S STATE I.D. NO. 1-000	16. STATE WAG	ES, TIPS, ET 25435.		TAX 1305.63	18. LOCAL WAGES, TIP	5, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME		

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 NUMB 000051656601	This information is	This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 25435.87			2. FEDERAL INCOME TAX WITHHELD 3422.86		
B. EMPLOYER IDENT	IFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	RITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD	
94-3326476		045-59-9423				25636.	53		1589.47	
C. EMPLOYER'S NAM	ME, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD	
Exiservice.Com,	LLC					25636.	53		371.73	
10 Exchange Plac Ste 2200 Jersey City NJ 07					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Dersey City NJ 07	302				9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRS	T NAME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	14.58	
Simarpreet Kaur		Kainta						D	200.76	
39 Buckland Stre Apt #1513-2 Hartford CT 0604					14. OTHER CT	PL	128.18	DD	1078.20	
USA F. EMPLOYEE'S ADE	-							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
ESCENSION SINGUIS	OYER'S STATE I.D. NO. 5551-000	16. STATE WAG	25435.	TOTAL SECTION	TAX 1305.63	18. LOCAL WAGES, TIP	S, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	