b Employer's Identification number 37-1565019	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	21704.25	2437.44
TELECROSS LABS, INC	12b	3 Social security wages	4 Social security tax withheld
	\$	21704.25	1345.66
169 DANIEL WEBSTER HWY SUITE # 106	12c	5 Medicare wages and tips	6 Medicare tax withheld
107 DANIEL WEDSIER HWI SOITE # 100	\$	21704.25	314.71
NIA GUULA NUL 0.2060	12d	7 Social security tips	8 Allocated tips
NASHUA NH 03060	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
3224991	Internal Revenue Service		
SRINIVAS REDDY DENDI		11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Copy B To Be Filed with		pian alon pay
5461 MOLINO	Employee's FEDERAL	14 Other	
	Tax Return	CA SDI	260.45
IRVINE CA 92618		_	
	a Employee's soc. sec. no		
f Employee's address and ZIP code	091-37-7261		
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
CA 816-6619-021704.251014.27		+	
Form W-2 Wage and Tax Statement	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return
2021			
b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation 21704.25	2 Federal income tax withheld 2437.44
b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation 21704.25 3 Social security wages	2 Federal income tax withheld 2437.44 4 Social security tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12 \$ 12b \$	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66
b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC	12a See instructions for Box 12 \$ 12b \$	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106	12a See instructions for Box 12 \$ 12b \$ 12c \$	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips
b Employer's Identification number 37-1565019 TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name 3224991	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$ 12d Copy 2 for State, City, or	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25 7 Social security tips	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number 37-1565019 TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name 3224991	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name 3224991 SRINIVAS REDDY DENDI	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$ 12d Copy 2 for State, City, or	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25 7 Social security tips	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name 3224991 SRINIVAS REDDY DENDI 5461 MOLINO	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$ 12d Copy 2 for State, City, or	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25 7 Social security tips 9 11 Nonqualified plans 14 Other	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code TELECROSS LABS, INC 169 DANIEL WEBSTER HWY SUITE # 106 NASHUA NH 03060 e Employee's first name and initial Last name 3224991 SRINIVAS REDDY DENDI	12a See instructions for Box 12 \$ 12b \$ 12c \$ 12d \$ 12d Copy 2 for State, City, or	1 Wages, tips, other compensation 21704.25 3 Social security wages 21704.25 5 Medicare wages and tips 21704.25 7 Social security tips 9 11 Nonqualified plans 14 Other	2 Federal income tax withheld 2437.44 4 Social security tax withheld 1345.66 6 Medicare tax withheld 314.71 8 Allocated tips 10 Dependent care benefits

fE	mploy	ee's address and ZIP code			091-37-7261		
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
C	'A	816-6619-0	21704.25	1014.27			
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For	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 ST.	ATE, CITY, or LOCAL Tax Departments	

REV 01/06/22 OSP			
b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 37-1303019	\$	21704.25	2437.44
TELECROSS LABS, INC	12b	3 Social security wages	4 Social security tax withheld
	\$	21704.25	1345.66
160 DANTEL MEDCHED IMW CUITE # 106	12c	5 Medicare wages and tips	6 Medicare tax withheld
169 DANIEL WEBSTER HWY SUITE # 106	\$	21704.25	314.71
	12d	7 Social security tips	8 Allocated tips
NASHUA NH 03060	\$		
e Employee's first name and initial Last name	-	9	10 Dependent care benefits
3224991			
SRINIVAS REDDY DENDI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
5461 MOLINO	Local Tax Departments		
Stor Mollino		14 Other	
		CA SDI	260.45
IRVINE CA 92618			
	a Employee's soc. sec. no	4	
f Employee's address and ZIP code	091-37-7261		
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
CA 816-6619-0 21704.25 1014.27			
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 ST	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code 37-1565019		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
		\$	21704.25	2437.44
TELECROSS LABS, INC		12b	3 Social security wages	4 Social security tax withheld
TELECIODS LADS, THE	\$	21704.25	1345.66	
169 DANIEL WEBSTER HWY SUITE # 106		12c	5 Medicare wages and tips	6 Medicare tax withheld
		\$	21704.25	314.71
	12d	7 Social security tips	8 Allocated tips	
NASHUA NH 03060		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
3224993	L	Internal Revenue Service. If you are required to file a tax return, a negligence		
SRINIVAS REDDY DENDI		penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
5461 MOLINO		Copy C for Employee's	14 Other	
		Records (see notice to	CA SDI	260.45
IRVINE CA 92618		Employee on back.) a Employee's soc. sec. no		200.15
f Employee's address and ZIP code		091-37-7261		
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
CA 816-6619-0 21704.25	1014.27]	L]
				

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service

Copy C For Employee's Records