


		a Employee's social security number 663-99-9610		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 65-1044487				1 Wages, tips, other compensation 99596.80		2 Federal income tax withheld 3897.64					
c Employer's name, address, and ZIP code InBiz Concepts Inc 661 Washington Street, Suite #205 Norwood MA 02062				3 Social security wages 99596.80		4 Social security tax withheld 6175.00					
				5 Medicare wages and tips 99596.80		6 Medicare tax withheld 1444.15					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Govardhana		Last name Potturu		Suff.		11 Nonqualified plans		12a See instructions for box 12 C o d e			
f Employee's address and ZIP code 103 Patroon Dr Apt. 8 Guilderland NY 12084				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e					
				14 Other NY SDI: 31.20		12c C o d e					
						12d C o d e					
15 State Employer's state ID number NY 651044487		16 State wages, tips, etc. 99596.80		17 State income tax 4526.92		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 663-99-9610		OMB No. 1545-0008		
b Employer identification number (EIN) 65-1044487			1 Wages, tips, other compensation 99596.80		2 Federal income tax withheld 3897.64	
c Employer's name, address, and ZIP code InBiz Concepts Inc 661 Washington Street, Suite #205 Norwood MA 02062			3 Social security wages 99596.80		4 Social security tax withheld 6175.00	
			5 Medicare wages and tips 99596.80		6 Medicare tax withheld 1444.15	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Govardhana		Last name Potturu		Suff.		
103 Patroon Dr Apt. 8 Guilderland NY 12084			11 Nonqualified plans		12a C o d e	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e	
			14 Other NY SDI: 31.20		12c C o d e	
					12d C o d e	
f Employee's address and ZIP code						
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
NY	651044487	99596.80	4526.92			

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return