RAMYASRI AKULA 2106 DELWHITE DR BENTONVILLE AR 72712

Form W-2 Wage and Tax Statement 2021

Copy C, for employee's records

d Control number 0943-P2099543 Voic 0000000962 - WALMAR b Employer identification number (EIN) a Employee's social security number			Void	c Employer's name, address, and ZIP code SAICON CONSULTANTS INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
				9300 W 110TH ST SUITE 650				1 Wages, tips, other compe	nsation	2 Federal income tax withheld	
48-1196	48-1196609 603-91-3873			OVERLAND PARK KS 66210					2294.67		
13 Statutor	13 Statutory Retirement Third-party employee plan sick pay		Third-party sick pay				3 Social security wages		4 Social security tax withheld		
empioye		Jan	sick pay						21701.17		1345.47
12 See instruc	12 See instructions for box 12 14 Other			e Employee's name, address, and ZIP code			5 Medicare wages and tips		6 Medicare tax withheld		
									21701.17		314.67
				RAMYASRI AKULA 2106 DELWHITE DR				7 Social Security Tips		8 Allocated Tips	
				BENTONVILI	E AR 72712			10 Dependent care benefits		11 Nonqualified plans	
15 State	15 State Employer's state ID number 16 State wages,		16 State wages, tip	s, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local incom	ne tax	20 Locality name	
AR 12314532-WHW			21701.17		945.54						

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.

Form W-2 Wage and Tax Statement 2021

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0943-P209954: 0000000962 - \	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) 48-1196609 13 Statutory Reti employee	a Employee's social security nu 603-91-3873 rement Third- plan sick		9300 W 110TH ST SUITE 650 OVERLAND PARK KS 66210			1 Wages, tips, other compensation 217 3 Social security wages 217	Federal income tax withheld 2294.67 Social security tax withheld 1345.47	
12 See instructions for box 12	14 Other		e Employee's name, address, and ZIP code RAMYASRI AKULA 2106 DELWHITE DR BENTONVILLE AR 72712 is, etc. 21701.17 17 State income tax 945.54 18 Local wages, tips, etc.			5 Medicare wages and tips 217 7 Social Security Tips 10 Dependent care benefits	01.17 8	6 Medicare tax withheld
15 State Employer's state ID I AR 12314532-WHW						19 Local income tax		20 Locality name

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Form W-2 Wage and Tax Statement 2021

Copy 2, to be filed with employee's tax return for AR

d Control number 0943-P2099543 000000062 - WALMAR Void b Employer identification number (EIN) a Employee's social security number 48-1196609 603-91-3873 13 Statutory employee Retirement plan Third-party sick pay			c Employer's name, address, and ZIP code SAICON CONSULTANTS INC 9300 W 110TH ST SUITE 650 OVERLAND PARK KS 66210				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
							1 Wages, tips, other compensation 21701.17 3 Social security wages 21701.17		 Federal income tax withheld Social security tax withheld 	2294.67
12 See instructions for box 12 14 Other			e Employee's name, address, and ZIP code				5 Medicare v	wages and tips	6 Medicare tax withheld	
			RAMYASRI AKULA 2106 DELWHITE DR					21701.17 surity Tips	8 Allocated Tips	314.67
				BENTONVILLE AR 72712			10 Dependen	t care benefits	11 Nonqualified plans	
									•	
15 State Employer's state ID number 16 State wages, tip			s, etc.	17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
AR 12314532-WHW			21701.17		945.54					

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Form W-2 Wage and Tax Statement 2021

b Employer identification number (EIN) a Employee's social security number			c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN)	a Employee's social security numbe	r					1 Wages, tips, other compensation 2 Federal income tax withheld			
						i wayes,	ups, other compensation			
	ement Third-party an sick pay					3 Social s	ecurity wages	4 Social security tax withheld		
12 See instructions for box 12	14 Other		e Employee's name	e, address, and ZIP code		5 Medicar	e wages and tips	6 Medicare tax withheld		
						7 Social S	ecurity Tips	8 Allocated Tips		
						10 Depend	ent care benefits	11 Nonqualified plans		
15 State Employer's state ID number 16 State wages, tip		s, etc. 17 State income tax 18 Local wages, tips, etc.				19 Local income tax	20 Locality name			

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