

Form **W-2 Wage and Tax Statement 2021**

c Employer's name, address, and ZIP code
INSURANCE SERVICES OFFICE, INC
545 WASHINGTON BLVD
JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code
VIJAYASAI CHELLUBOINA
10 GREEN ST
APT 245
WOODBIDGE NJ 07095

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	106636.72	14719.29
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	26599.69	1649.18
9	5 Medicare wages and tips	6 Medicare tax withheld
	26599.69	385.70
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		59.76
13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay	14 Other	12b
	Medical 2470.56	6708.00
b Employer identification number (EIN) 13-3131412	Dental 240.28	12c
a Employee's social security no. 866-45-6295	Vision 54.12	2000.00
		12d
		10514.64
15 State Employer's state I.D. no. N.T. 133131412000	16 State wages, tips, etc. 110401.68	17 State income tax 5338.20
	18 Local wages, tips, etc.	19 Local income tax 308.96
		20 Locality name PT.T

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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