78.57 39.21 27.73 c Emplo 27.73 c Emplo Sci 600 Ste Cul d Contro 577 e Emplo Sas 151	ity number 5 – 9 9 – 7 2 9 8 3 Soc oyer ID number	nte 10230 	2 Federal income tax withheld 15878.57 4 Social security tax withheld 7259.21 6 Medicare tax withheld 1697.73
59.21 b Emplo 47- 77.73 c Emplo Sci 600 Ste Cul d Contro 577 e Emplo Sas 151	over ID number -1784711 5 Me over's name, address, and ZIP ience 37 Inc 0 Corporate Poi e 320 lver City, CA 9 rol number 704 40340079 ovee's name, address, and ZIP sivikas Tanagal 16 VAN BUREN AV	117084.20 dicare wages and tips 117084.20 code .nte 00230 	7259.21 6 Medicare tax withheld
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Sci 600 Ste Cul dContro 577 eEmplo Sas 151	lence 37 Inc) Corporate Poi = 320 lver City, CA 9 rolnumber 704 40340079 oyee's name, address, and ZIP sivikas Tanagal 16 VAN BUREN AV	nte 10230 	
7 Social	al security tips	8 Allocated tips	9 Advance EIC payment
10 Depe	endent care benefits	11 Nonqualified plans	
12b	AA C	56.25	Ployee Retirement plan 3rd-party sick X CCD 150.00
12c 12d			
NC NC	601262298	115619.98	5653.0
		16 State wages, tips, etc.	17 State income tax
201	a wages, tips, etc.		20 Locality name N / A
	NC 15 State	D 12 12d DD 56 NC 601262298 15 State Employer's State ID# 18 Local wages, tips, etc.	D 1464.22 12d DD 5696.00 NC 601262298 115619.98 15 State Employer's State ID# 16 State wages, tips, etc.

This information is being furnished to the Internal Revenue Service

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	a Employee's social 1 Wage security number			comp. 519.98	2 Feder	2 Federal income tax withheld 15878.57				
	026-99-7298 3 So 5 Employer ID number		117084.20			4 Social security tax withheld 7259.21				
47-1784711 5 Med			icare wages and tips 6 117084.20			Medicare tax withheld 1697.73				
c Employer's name, address, and ZIP code Science 37 Inc 600 Corporate Pointe Ste 320 Culver City, CA 90230										
d Control number 57704 40340079										
e Employee's name, address, and ZIP code Sasivikas Tanagala 1516 VAN BUREN AVE SW CONCORD, NC 28025										
7 Social security tips 8			3 Allocated tips			9 Advance EIC payment				
10 Dependent care benefits 1		11	1 Nonqualified plans							
^{12a} AA		5	13 Statutory empl		loyee F	oyee Retirement plan 3rd-party sick pay X				
^{12b} C						D 150.00				
D 12d				54.22						
DD		202	6.00							
	NC 601262298		115619.98			5653.00				
15 State Employer's State ID# 18 Local wages, tips, etc.			16 State wag 19 Local inco			17 State income tax 20 Locality name				
N/A		N/A			N/A					

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS