

a Employee's SSN 026-99-7298		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008	
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		1 Wgs, tips, other compn 18980.00	2 Fed inc tax withheld 1141.00	3 Social security wages 18980.00		
		4 SS tax withheld 1176.76	5 Medicare wages & tips 18980.00	6 Medicare tax withheld 275.21		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>			12c	
		Third-party sick pay <input type="checkbox"/>			12d	
15 State NC	Employer's state ID number 601390562	16 State wages, tips, etc 18980.00	17 State income tax 824.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 12/17/21 QBDT

Department of the Treasury — IRS

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

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

a Employee's SSN 026-99-7298		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008	
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		1 Wgs, tips, other compn 18980.00	2 Fed inc tax withheld 1141.00	3 Social security wages 18980.00		
		4 SS tax withheld 1176.76	5 Medicare wages & tips 18980.00	6 Medicare tax withheld 275.21		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>			12c	
		Third-party sick pay <input type="checkbox"/>			12d	
15 State NC	Employer's state ID No. 601390562	16 State wages, tips, etc 18980.00	17 State income tax 824.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 12/17/21 QBDT

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

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

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

a Employee's SSN 026-99-7298		b Employer identification number (EIN) 99-0374574			OMB No. 1545-0008		
c Employer's name, address, and ZIP code OPULENTSOFT LLC 3525 QUAKERBRIDGE ROAD SUITE:3600 HAMILTON NJ 08619		<small>This information is being furnished to the IRS. 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.</small>					
		1 Wgs, tips, other compn 18980.00	2 Fed inc tax withheld 1141.00	3 Social security wages 18980.00			
		4 SS tax withheld 1176.76	5 Medicare wages & tips 18980.00	6 Medicare tax withheld 275.21			
d Control No.		7 Social security tips	8 Allocated tips	9			
e Employee's name, address, and ZIP code Suff. SASIVIKAS TANAGALA 1516 VAN BUREN AVE SW CONCORD NC 28025		10 Depdnt care benefits	11 Nonqualified plans	12a			
		13 Statutory employee <input type="checkbox"/>	14 Other		12b		
		Retirement plan <input type="checkbox"/>			12c		
Third-party sick pay <input type="checkbox"/>	12d						
15 State NC	Employer's state ID No. 601390562	16 State wages, tips, etc 18980.00	17 State income tax 824.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 12/17/21 QBDT