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Act Notice, see the separate instructions.

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22222	VOID ☐	**a** Employee's social security number 291-89-8909	For Official Use Only ▶ OMB No. 1545-0008	

b Employer identification number (EIN) 83-3432697		**1** Wages, tips, other compensation 2227.16	**2** Federal income tax withheld
c Employer's name, address, and ZIP code FIESTA LAXMI LLC 16500 W INTERSTATE 10 SAN ANTONIO TX 78257		**3** Social security wages 2227.16	**4** Social security tax withheld 138.08
		5 Medicare wages and tips 2227.16	**6** Medicare tax withheld 32.29
		7 Social security tips	**8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial HEMANT	Last name PARMAR	Suff.	**11** Nonqualified plans	**12a** See instructions for box 12
9107 LORDES JCT HELOTES TX 78023		**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b**
		14 Other	**12c**
			12d
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

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

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