

<b>b Employer's Identification number</b>		81-4477763		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>			
<b>c Employer's name, address, and ZIP code</b>		CODE GRAVITY LLC, 600 E JOHN CARPENTER FWY, STE # 357 IRVING TX 75062		\$	31072.00	3921.59			
<b>e Employee's first name and initial</b>		Last name 15041316		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>			
				\$					
<b>f Employee's address and ZIP code</b>		MADHU NANDAMURI 3701 N O'CONNOR RD IRVING TX 75062		<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>			
				\$					
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>			
				\$					
				This information is being furnished to the Internal Revenue Service				<b>9</b>	<b>10 Dependent care benefits</b>
				<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>				<b>11 Nonqualified plans</b>	
								<b>13 Statutory employee</b>	
				<b>a Employee's soc. sec. no</b>					
				386-97-3996					
<b>15 State</b>		<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>		

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

<b>b Employer's Identification number</b>		81-4477763		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>			
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				\$					
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>			
				\$					
				This information is being furnished to the Internal Revenue Service				<b>9</b>	<b>10 Dependent care benefits</b>
				<b>Copy 2 for State, City, or Local Tax Departments</b>				<b>11 Nonqualified plans</b>	
								<b>13 Statutory employee</b>	
				<b>a Employee's soc. sec. no</b>					
				386-97-3996					
<b>15 State</b>		<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>		

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/06/22 OSP

<b>b Employer's Identification number</b>		81-4477763		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>			
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				\$					
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>			
				\$					
				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.				<b>9</b>	<b>10 Dependent care benefits</b>
				<b>Copy C for Employee's Records</b> (see notice to Employee on back.)				<b>11 Nonqualified plans</b>	
								<b>13 Statutory employee</b>	
				<b>a Employee's soc. sec. no</b>					
				386-97-3996					
<b>15 State</b>		<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>		

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records

<b>b Employer's Identification number</b>		81-4477763		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>			
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