								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the i	right is an	explanation of t	he contents of	f the wag	e boxes on your W-2	Gross Wag	es	28825.2	25 28825.2	25 28825.25	
Please	note that t	he Gross amour	nt shown may	include a	djustments.	Txbl Benef	its				
						Group Terr	n Life	14.0	3 14.0	3 14.03	
						Adoption					
						Deferred C	omp	(714.9	3)		
						Section 12	5				
						Other Preta	ax/Wage Limit				
						W-2 Wages	;	28124.3	35 28839.2	28 28839.28	
D. CONTROL	NUMBER					1 WACES 7	TIDE OTHER COMMENSAT	TON	2 FEDERAL INCOME TA	V WITHUELD	
000090880		This Information is being furnished to the Internal Revenue Service 2021 OMB NO. 1545-0008 1. WAGES, TIPS, OTHER COMPENSATION 28124.35						2. FEDERAL INCOME TAX WITHHELD 989.50			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SI	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
83-100377			025-69-6474				28839.28 1788.04				
		DDRESS, AND ZIP C	ODE			5. MEDICARI	WAGES AND TIPS		6. MEDICARE TAX WIT		
Majorel US 29011 Con		ater Dr					28839.	28		418.17	
Valencia C		itei Di				7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE B	ENEELTS	
						J.			10. DEI ENDENT CARE E	ENEMIS	
E. EMPLOYE	E'S FIRST NAM	ME AND INITIAL	LAST NA	ME	SUFF	11. NONQUA	LIFIED PLANS		12.a-d C	14.03	
Madhulika			Thadu	ri					D	714.93	
700 N Con Apt 1064 Chandler A						14. OTHER					
USA		AND ZIP CODE							13. STATUTORY RETIRE	EMENT X THIRD PARTY SICK PAY	
15. STATE AZ	EMPLOYER'S 08310037	S STATE I.D. NO. 774	16. STATE WAG	ES, TIPS, ET 28124		TAX 1433.61	18. LOCAL WAGES, TIP	PS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
					·						
D. CONTROL	. NUMBER	This Information is	being furnished		OMP NO 1545 000	1. WAGES, T	IPS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	X WITHHELD	

D. CONTROL	NUMBER	This Information is being furnished						1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
000090880	201	to the Internal Rev	evenue Service 2021 OMB NO. 1545-0008		28124.35				989.50				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCI	4. SOCIAL SECURITY TAX WITHHELD			
83-1003774 025-69-6474							28839.28				1788.04		
C. EMPLOYER	R'S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MED	6. MEDICARE TAX WITHHELD		
Majorel US	A, Inc.							28839.28			418.17		
	29011 Commerce Center Dr Valencia CA 91355						7. SOCIAL SECURITY TIPS			8. ALLO	8. ALLOCATED TIPS		
							9.			10. DEPE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						11. NONQUAL	IFIED PLANS		12.a-d (:		14.03
Madhulika			Thadu	ri									714.93
700 N Coronado St Apt 1064 Chandler AZ 85224						14. OTHER							
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STAT EMPL	OYEE RETI		THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAG	ES, TIPS, ETC.	19. LOCAL II	NCOME TAX	20. LOCALIT	Y NAME
AZ	08310037	774		28124	1.35		1433.61						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBE 000090880201		This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 28124.35			2. FEDERAL INCOME TAX WITHHELD 989.50			
B. EMPLOYER IDENT	FICATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
83-1003774		025-69-6474				28839.28			1788.04		
C. EMPLOYER'S NAM	E, ADDRESS, AND ZIP (ODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Majorel USA, Inc.						2883	9.28		418.17		
29011 Commerce Center Dr Valencia CA 91355						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.	9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST	NAME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	11. NONQUALIFIED PLANS			14.03		
Madhulika		Thadu	ri						714.93		
700 N Coronado St Apt 1064 Chandler AZ 85224						14. OTHER					
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
	YER'S STATE I.D. NO. 003774	16. STATE WAG	ES, TIPS, ET 28124.		TAX 1433.61	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMB 000090880201	This information is	This Information is being furnished to the Internal Revenue Service		MB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN	SATION 24.35	2. FEDERAL INCOME TA	AX WITHHELD 989.50		
B. EMPLOYER IDENT	IFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECUR	ITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
83-1003774		025-69-6474			28839.28			1788.04			
C. EMPLOYER'S NAM	1E, ADDRESS, AND ZIP (CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Majorel USA, Inc						2883	39.28		418.17		
29011 Commerce Center Dr Valencia CA 91355						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						IFIED PLANS		12.a-d _C	14.03		
Madhulika	Madhulika Thaduri							D	714.93		
700 N Coronado St Apt 1064 Chandler AZ 85224											
USA F. EMPLOYEE'S ADD	- :							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
	OYER'S STATE I.D. NO. 003774	16. STATE WAG	ES, TIPS, ETC. 28124.3		1433.61	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		