Form W-2 Wage and Tax Statem	ent 2021	7 Social security tips	1 Wages, tips, other comp. 33758.21	2 Federal income tax withheld 4580.23
c Employer's name, address, and ZIP code MODIS , INC.		8 Allocated tips	3 Social security wages	4 Social security tax withheld
10151 DEERWOOD PARK BOULEVARD		9	5 Medicare wages and tips	6 Medicare tax withheld
BUILDING 200, SUITE 400 JACKSONVILLE FL 32256		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code AMEYA S CHILWAR		13 Statutory Petirement Third-party plan sick pay	14 Other	
417 SUMMIT AVE		 b Employer identification number (EIN) 65-0000600 a Employee's social security no. 		12c
258 Arlington TX 76013		885-90-8940		
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18 Loc	cal wages, tips, etc. 19 Local inc	come tax 20 Locality name
Copy B To Be Filed With Employee's FEDER	AL Tax Return	This information is being fumished to the	Internal Revenue Service. //B No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a

			negligence penalty or other s	anction may be impos	ed on you if this in	come is taxable and you fail to repo	
Form W-2 Wage and Tax Statement 2021		7 Social security tips	÷	1 Wages, tips, other comp. 33758.21		2 Federal income tax withheld 4580.23	
c Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 400 JACKSONVILLE FL 32256		8 Allocated tips	3 Social security wage	es	4 Social se	ecurity tax withheld	
		9	5 Medicare wages and	d tips	6 Medicare	e tax withheld	
		10 Dependent care benefits	11 Nonqualified plans		12a See in	structions for box 12	
e Employee's name, address, and ZIP code		13 Statutory Retirement Third- employee plan sick pa	ay 14 Other		12b		
AMEYA S CHILWAR		b Employer identification number	er (EIN)		12c		
417 SUMMIT AVE		65-0000600		_	0 de		
258		a Employee's social security no			12d		
ARLINGTON TX 76013		885-90-8940	_	-		0 e	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 1	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Copy C For EMPLOYEE'S RECORDS (See No	tice to Employee on back of	f Copy B)	OMB No. 1545-0008		Dep	t. of the Treasury - IRS	

Form W-2 Wage and Tax Statemen	t 2021	7 Social security tips	1 Wages, tips, other comp. 33758.22	2 Federal income tax withheld 1 4580.23
c Employer's name, address, and ZIP code MODIS, INC. 10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 400 JACKSONVILLE FL 32256		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a
e Employee's name, address, and ZIP code AMEYA S CHILWAR 417 SUMMIT AVE 258 ARLINGTON TX 76013		13 Statutory Retirement Third-party plan sick pay	14 Other	12b
		b Employer identification number (E $65 - 0000600$	EIN)	12c
		a Employee's social security no. 885-90-8940		12d C G e
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18	Local wages, tips, etc. 19 Local	income tax 20 Locality name
Conv 2 To Bo Filed With Employee's State City	or Local Income Tax Bet	urp	OMB No 1545-0008	Dont of the Treesury IBS

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

OMB No. 1545-0008

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Form W-2 Wage and Tax Stateme	nt 2021	7 Social security tips	1 Wages, tips, other comp. 33758.21	2 Federal income tax withheld 4580.23
• Employer's name, address, and ZIP code MODIS, INC.		8 Allocated tips	3 Social security wages	4 Social security tax withheld
10151 DEERWOOD PARK BOULEVARD		9	5 Medicare wages and tips	6 Medicare tax withheld
BUILDING 200, SUITE 400 JACKSONVILLE FL 32256 e Employee's name, address, and ZIP code AMEYA S CHILWAR 417 SUMMIT AVE 258 ARLINGTON TX 76013		10 Dependent care benefits	11 Nonqualified plans	12a
		13 Statutory Petirement Third-party plan b Employee identification number (El	14 Other	12b
		65-0000600		
		a Employee's social security no. 885-90-8940		12d
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18 L	ocal wages, tips, etc. 19 Local in	acome tax 20 Locality name
Copy 2 To Be Filed With Employee's State, Cit	y, or Local Income Tax Retu	JIM L87	OMB No. 1545-0008 5206	Dept. of the Treasury - IRS