| OMB# 1545-0008 COPY 2 - To Be Filed With | | s, tips, other compensation 8133.00 | | I income tax withheld IS5.23 |
|---|----------------|--|----------|---------------------------------|
| Employee's State, City, or Local Income Tax Return | 3 Socia | al security wages | 4 Social | security tax withheld |
| a Employee's social security number 164-81-9140 | 5 Med | care wages and tips | 6 Medica | re tax withheld |
| c Employer's name, address, and ZIP INFINICS. INC 301 MCCULLOUGH DRIVE, CHARLOTTE NC 28262 | | 400 | | |
| e Employee's name VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 | |)(| | |
| f Employee's address and ZIP code | 9 | | 12a | ß |
| b Employer identification number (EIN) 83-2799969 | 10 De | pendent care benefits | 12b | s |
| 7 Social security tips | 11 No | nqualified plans | 12c | s |
| 8 Allocated tips | 14 Oth MAPE | ML 2.0 | 12d | \$ |
| 13 Statutory Retiremen Third-party sick employee t plan pay | | | 12e | \$ |
| 15 State Employer's state ID num MA WTH-19796646-00 | | 16 State wages, tips, etc. 800.00 | 17 State | income tax 40.00 |
| OH 54-161086 | | 47333.00 | -[| 1446.19 |
| 18 Local wages, fips, etc. | | 19 Local income tax | 20 Loca | lity name |
| 47333.00 | | 710.00 | D | OVER |

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service 164819140000996588

| 01454 4545 0000 | | | | |
|---|------------------|--|------|--------------------------------------|
| OMB# 1545-0008 COPY 2 - To Be Filed With | I AASOR | s. tips, other compensation 8133.00 | 2 Fe | derai income tax withheld 6455.23 |
| Employee's State, City, or Local Income Tax Return | 3 Socia | l security wages | 4 So | cial security tax withheld |
| a Employee's social security number 164-81-9140 | 5 Medi | care wages and tips | 6 Me | dicare tax withheld |
| c Employer's name, address, and ZIP INFINICS, INC 301 MCCULLOUGH DRIVE, CHARLOTTE NC 28262 | | 400 | | |
| e Employee's name VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 | | 1 | 128 | |
| f Employee's address and ZIP code | ľ | | 124 | s |
| b Employer identification number (EIN) 83-2799969 | 10 Dep | endent care benefits | 12b | \$ |
| 7 Social security tips | 11 Non | qualified plans | 12c | \$ |
| 8 Allocated tips | 14 Othe MAPFI | ML 2.02 | 12d | \$ |
| 13 Statutory Retirement Third-party sick employee plan pay | | | 12e | \$ |
| 15 State Employer's state ID num MA WTH-19796646-0 | | 16 State wages, tips, etc. 800.00 | 17 | State income tax 40.00 |
| OH 54-161086 | | 47333.00 | 11- | 1446.19 |
| 18 Local wages, tips, etc. | | 19 Local income tax | 20 | Locality name |
| 47222 00 | | 740.00 | | DOVED |

47333.00 710.00 DOVER

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service

| COPY B - To Be Filed With Employee's FEDERAL Tax Return. | | es, tips, other compensation 48133.00 | 2 Federal income tax withheld 6455.23 |
|---|----------------|--|--|
| This information is being furnished to the Internal Revenue Service | 3 Soci | al security wages | 4 Social security tax withheld |
| a Employee's social security number 164-81-9140 | 5 Med | icare wages and tips | . 6 Medicare tax withheld |
| c Employer's name, address, and ZIP INFINICS, INC 301 MCCULLOUGH DRIVE, CHARLOTTE NC 28262 | | 400 | |
| e Employee's name VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 | |)i | |
| f Employee's address and ZIP code | 9 | 2 | 12a See instructions for box 12 \$ |
| b Employer identification number (EIN) 83-2799969 | 10 Dep | endent care benefits | 12b \$ |
| 7 Social security tips | 11 Nor | nqualified plans | 12c s |
| 8 Aliocated tips | 14 Oth MAPI | | 12d § s |
| 13 Statutory Retiremen Third-party sick employee t plan pay | | | 12e \$ |
| 15 State Employer's state ID numb MA WTH-19796646-00 | per 02 | 16 State wages, tips, etc. 800.00 | 17 State income tax 40.00 |
| OH 54-161086 | | 47333.00 | 1446.19 |
| O11 D1 101000 | | | |
| 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name |

| | 47333.00 | | 710.00 | DOVER | |
|---|---|------|---------------------|--------------------|-----------------|
| ٧ | Form W-2 Wage and Tax Statement ENKATA | 2021 | Department of the T | reasury-Internal F | Revenue Service |

| OMB# 1545-0008 COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) | 1 Wage | es, tips, other compensation 8133.00 | 2 Federal income tax withheld 6455.23 |
|--|----------------------|--|--|
| hts information is being timished to the internal Revinue Service. If you are required to the a tax return, a equipmen penalty or other samples may be imposed in you if his income is taxable and you fail to report if | 3 Socia | al security wages | 4 Social security tax withheld |
| a Employee's social security number 164-81-9140 | 5 Med | icare wages and tips | 6 Medicare tax withheld |
| Employer's name, address, and ZIP INFINICS, INC 301 MCCULLOUGH DRIVE, CHARLOTTE NC 28262 | | 400 | |
| | | | |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 | PT C4 |) | 12a See instructions for box 4 |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 | | DI | 12a See instructions for box 1 |
| 719 STERLING AVENUE, AF | 9 9 | pendent care benefits | 6 |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) | 9 10 De | | \$ \$ |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) 83-2799989 7 Social security tips 8 Allocated tips | 9 10 De | pendent care benefits nqualified plans | |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) 83-2799989 7 Social security tips | 9 10 Dej | pendent care benefits nqualified plans | |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) 83-2799969 7 Social security tips 8 Allocated tips 13 Statutory Retiremen Third-party sick | 9 10 Dep 11 Nor MAPF | pendent care benefits nqualified plans | |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) 83-2799969 7 Social security tips 8 Allocated tips 13 Statutory Retiremen Third-party sick pay 15 State Employer's state ID num | 9 10 Dep 11 Nor MAPF | pendent care benefits inqualified plans er ML 2.0: 16 State wages, tips, etc. | |
| VENKATA VAMSI K THOTTE 719 STERLING AVENUE, AF DOVER OH 44622 f Employee's address and ZIP code b Employer identification number (EIN) 83-2799989 7 Social security tips 8 Allocated tips 13 Statutory Retiremen Third-party sick pay 15 State Employer's state ID num MA WTH-19796648-00 | 9 10 Dep 11 Nor MAPF | pendent care benefits nqualified plans er ML 2.0: 16 State wages, tips, etc. 800.00 | |