

OMB# 1545-0008

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

1 Wages, tips, other compensation 48133.00		2 Federal income tax withheld 6455.23	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code INFINICS, INC 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE NC 28262			
e Employee's name VENKATA VAMSI K THOTTEMPUDI 719 STERLING AVENUE, APT C4 DOVER OH 44622			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 83-2799969		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other MAPFML 2.02	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State MA	Employer's state ID number WTH-19796646-002	16 State wages, tips, etc. 800.00	17 State income tax 40.00
OH	54-161086	47333.00	1446.19
18 Local wages, tips, etc. 47333.00		19 Local income tax 710.00	20 Locality name DOVER

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

OMB# 1545-0008

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

1 Wages, tips, other compensation 48133.00		2 Federal income tax withheld 6455.23	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code INFINICS, INC 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE NC 28262			
e Employee's name VENKATA VAMSI K THOTTEMPUDI 719 STERLING AVENUE, APT C4 DOVER OH 44622			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 83-2799969		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other MAPFML 2.02	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State MA	Employer's state ID number WTH-19796646-002	16 State wages, tips, etc. 800.00	17 State income tax 40.00
OH	54-161086	47333.00	1446.19
18 Local wages, tips, etc. 47333.00		19 Local income tax 710.00	20 Locality name DOVER

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.
This information is being furnished to the Internal Revenue Service

1 Wages, tips, other compensation 48133.00		2 Federal income tax withheld 6455.23	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code INFINICS, INC 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE NC 28262			
e Employee's name VENKATA VAMSI K THOTTEMPUDI 719 STERLING AVENUE, APT C4 DOVER OH 44622			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 83-2799969		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other MAPFML 2.02	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State MA	Employer's state ID number WTH-19796646-002	16 State wages, tips, etc. 800.00	17 State income tax 40.00
OH	54-161086	47333.00	1446.19
18 Local wages, tips, etc. 47333.00		19 Local income tax 710.00	20 Locality name DOVER

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

OMB# 1545-0008

COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 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.

1 Wages, tips, other compensation 48133.00		2 Federal income tax withheld 6455.23	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code INFINICS, INC 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE NC 28262			
e Employee's name VENKATA VAMSI K THOTTEMPUDI 719 STERLING AVENUE, APT C4 DOVER OH 44622			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 83-2799969		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other MAPFML 2.02	12d \$
13 Statutory employee Retirement plan Third-party sick pay			12e \$
15 State MA	Employer's state ID number WTH-19796646-002	16 State wages, tips, etc. 800.00	17 State income tax 40.00
OH	54-161086	47333.00	1446.19
18 Local wages, tips, etc. 47333.00		19 Local income tax 710.00	20 Locality name DOVER

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