Copy B to Be Filed Federal Tax Return	W	ith Employee's	2021	OMB No. 1545-0008	Cop	y C For Empl	loyee	e's Records	3	20	21	OMB No. 1545-0008
Employee SSAN			Pederal income tax with			loyee SSAN	management does	ages,tips, other c		Federal inc		thheld
236-57-5943	3 So	5360.62 cial security wages	Social security tax with	10.73	23	36-57-5943	3 Sc	cial security wag	5360.62	Social secu	uity tay wit	10.7
Employer ID Number	5.11	5360.62	-	332.36	b Emp	loyer ID Number			5360.62			332.3
82-2966583	5 M6	dicare wages and tips 5360.62	Medicare tax withheld	77.75	82	2-2966583	5 Me	edicare wages an	d tips 5360.62	Medicare to	ax withheld	77.7
Employer's name, address, Indian Spice Ind 42315 Fern Cro Ashburn VA 201	c of Te	ZIP code			In 42	loyer's name, addres dian Spice Ir 2315 Fern Ci shburn VA 20	nc rof To	er	0000.02			
Control number 0011						rol number						
Employee's first name and i	Last name		Suff.	e Emp	e Employee's first name and initial Last name						Suff.	
Padma Brinda 24669 Byrne Me	020	Neelakar	itam			adma Brinda 1660 Byrno M		dow Squar	<u>Neelakan</u>	tam	***************************************	
Aldie VA 20105	Gal	low Square				1669 Byrne N die VA 2010		low Squar	e			
Social security tips		8 Allocated tips	9		7 Socia	7 Social security tips		8 Allocated tips		9		
Dependent care benefits		11 Nonqualified plans	12a See instrs.for box 12		10 Dep	10 Dependent care benefits		11 Nonqualified plans		12a See instrs.for box 12		
Statuto Rationer Third-park or plan of plan or			12b		13 Statutory Retirement Third-party employee plan Sick pay				-party	12b		
4 Other			12c		14 Oth			JION P	ia, L	12c	· · · · · · · · · · · · · · · · · · ·	
			12d							12d	P#01/07 \$0.150.65.000000000	***************************************
5 State Employer's state ID	_	16 State wages, tips, etc.	17 State income tax		15 Sta	te Employer's state II	D	16 State wages,	tips, etc.	17 State in	ocome tax	
/A 30-82296658	33F	-001 5360.62		59.41	VA	30-8229665			5360.62	,, otato ii	loome tax	59.4°
E Local wages, fips, etc. 19 Local income tax			20 Locality name			al wages, tips, etc.		19 Local income		20 Locality	/ name	
ity, or Local Incor	me	ges,tips, other compensation 2			City,	y 2 to Be File or Local Inco	ome	th Employe Tax Return ages,tips, other co	ompensation 2	20 Federal inc	21	
236-57-5943	3 So	5360.62 sial security wages 4	Social security tax with	10.73	23	36-57-5943	3 So	cial security wage	5360.62	Social secu	rity tax with	10.73
Employer ID Number	5 140	5360.62	Medicare tax withheld	332.36	b Empl	oyer ID Number	- EM		5360.62		-	332.36
82-2900083		5360.62	iviedicare tax withheid	77.75		2-2966583		edicare wages and	5360.62 6	Medicare ta	ax withheld	77.75
Indian Spice Inc 42315 Fern Cro Ashburn VA 201	; f Te				In 42 As	oyer's name, address dian Spice Ir 2315 Fern Cr shburn VA 20	nc of Te	er	*			
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Employee's first name and initial Last name Suff. Padma Brinda Neelakantam						oyee's first name and adma Brinda	d initial		Last name Neelakan	am		Suff.
24669 Byrne Me Aldie VA 20105	ead				24	669 Byrne N die VA 2010		low Square				
Social security tips		8 Allocated tips	9	NAMES OF STREET	7 Socia	al security tips		8 Allocated tips	Committee of the commit	9		
Dependent care benefits 11 Nonc		11 Nonqualified plans	12a See instrs.for box	etrs.for box 12		10 Dependent care benefits		11 Nonqualified plans		12a See instrs.for box 12		
Statutory Re pla	12b		13	13 Statutory Retirement Third-party employee plan sick pay				12b				
4 Other			12c		14 Othe	er				12c		
			12d							12d	***************************************	
5 State Employer's state ID	\neg	16 State wages, tips, etc.	17 State income tax		15 Stat	e Employer's state ID		16 State wages,	tips, etc.	17 State in	come tax	
/A 30-82296658	3F	-001 5360.62		59.41	VA	30-8229665	83F	-001	5360.62			59.41
B Local wages, tips, etc.		19 Local income tax	20 Locality name		18 Loca	al wages, tips, etc.		19 Local income	tax	20 Locality	name	
orm W-2 Wage and 1	Тах	Statement	Dept. of the Treas	sury - IRS	Form	W-2 Wage and	l Tax	Statement		Dept.	of the Trea	sury - IRS