

				Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.				Gross Wages	37038.42	37038.42	37038.42
				Txbl Benefits			
				Group Term Life	38.50	38.50	38.50
				Adoption			
				Deferred Comp			
				Section 125	(266.21)	(266.21)	(266.21)
				Other Pretax/Wage Limit	(36810.71)	(36810.71)	(36810.71)
				W-2 Wages	36810.71		
D. CONTROL NUMBER 000620518201	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 36810.71	2. FEDERAL INCOME TAX WITHHELD 5869.69		
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201				5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish			LAST NAME Ponnaganti	SUFF.	11. NONQUALIFIED PLANS		12.a-d C DD
6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA			F. EMPLOYEE'S ADDRESS AND ZIP CODE		14. OTHER MOVE NJ DI 4000.00 NJ DI 174.08 NJ FLI 103.71		38.50 2052.19
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 363-249-852/000	16. STATE WAGES, TIPS, ETC. 25826.92	17. STATE INCOME TAX 1237.68	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 000620518201	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 36810.71	2. FEDERAL INCOME TAX WITHHELD 5869.69		
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201				5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish			LAST NAME Ponnaganti	SUFF.	11. NONQUALIFIED PLANS		12.a-d C DD
6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA			F. EMPLOYEE'S ADDRESS AND ZIP CODE		14. OTHER MOVE NJ DI 4000.00 NJ DI 174.08 NJ FLI 103.71		38.50 2052.19
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 363-249-852/000	16. STATE WAGES, TIPS, ETC. 25826.92	17. STATE INCOME TAX 1237.68	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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**FORM W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518201	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 36810.71	2. FEDERAL INCOME TAX WITHHELD 5869.69		
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201				5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish			LAST NAME Ponnaganti	SUFF.	11. NONQUALIFIED PLANS		12.a-d C DD
6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA			F. EMPLOYEE'S ADDRESS AND ZIP CODE		14. OTHER MOVE NJ DI 4000.00 NJ DI 174.08 NJ FLI 103.71		38.50 2052.19
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 363-249-852/000	16. STATE WAGES, TIPS, ETC. 25826.92	17. STATE INCOME TAX 1237.68	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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 NUMBER	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD		
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Earnings - Dayforce

000620518201		to the Internal Revenue Service		2021	OMB NO. 1545-0047		36810.71		5869.69		
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144			3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish			LAST NAME Ponnaganti			SUFF.			11. NONQUALIFIED PLANS		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER MOVE			12.a-d		
						NJ DI 4000.00			C 38.50		
						NJ FLI 103.71			DD 2052.19		
13. STATUTORY EMPLOYEE <input type="checkbox"/>						RETIREMENT PLAN <input checked="" type="checkbox"/>			THIRD PARTY SICK PAY <input type="checkbox"/>		
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 363-249-852/000	16. STATE WAGES, TIPS, ETC. 25826.92	17. STATE INCOME TAX 1237.68	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME					

Copy B To be filed with Employee's FEDERAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518202		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish						LAST NAME Ponnaganti		
						SUFF.		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						9.	10. DEPENDENT CARE BENEFITS	
						11. NONQUALIFIED PLANS		12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER		
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	RETIREMENT PLAN <input checked="" type="checkbox"/>	THIRD PARTY SICK PAY <input type="checkbox"/>
15. STATE MA	EMPLOYER'S STATE I.D. NO. 363-249-852*06*	16. STATE WAGES, TIPS, ETC. 12830.49	17. STATE INCOME TAX 640.43	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMBER 000620518202		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish						LAST NAME Ponnaganti		
						SUFF.		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						9.	10. DEPENDENT CARE BENEFITS	
						11. NONQUALIFIED PLANS		12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER		
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	RETIREMENT PLAN <input checked="" type="checkbox"/>	THIRD PARTY SICK PAY <input type="checkbox"/>
15. STATE MA	EMPLOYER'S STATE I.D. NO. 363-249-852*06*	16. STATE WAGES, TIPS, ETC. 12830.49	17. STATE INCOME TAX 640.43	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518202		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish						LAST NAME Ponnaganti		
						SUFF.		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						9.	10. DEPENDENT CARE BENEFITS	
						11. NONQUALIFIED PLANS		12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER		
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	RETIREMENT PLAN <input checked="" type="checkbox"/>	THIRD PARTY SICK PAY <input type="checkbox"/>
15. STATE MA	EMPLOYER'S STATE I.D. NO. 363-249-852*06*	16. STATE WAGES, TIPS, ETC. 12830.49	17. STATE INCOME TAX 640.43	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518202		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
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Earnings - Dayforce

B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201				5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish		LAST NAME Ponnaganti		SUFF.		11. NONQUALIFIED PLANS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA				14. OTHER		12.a-d	
				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>			
15. STATE MA	EMPLOYER'S STATE I.D. NO. 363-249-852*06*	16. STATE WAGES, TIPS, ETC. 12830.49	17. STATE INCOME TAX 640.43	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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2021

Dept. of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518203		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish		LAST NAME Ponnaganti		SUFF.		11. NONQUALIFIED PLANS	12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER NJUI WF SW	153.86
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	
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	

D. CONTROL NUMBER 000620518203		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish		LAST NAME Ponnaganti		SUFF.		11. NONQUALIFIED PLANS	12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER NJUI WF SW	153.86
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	
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	

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**FORM W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518203		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish		LAST NAME Ponnaganti		SUFF.		11. NONQUALIFIED PLANS	12.a-d
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA						14. OTHER NJUI WF SW	153.86
						13. STATUTORY EMPLOYEE <input type="checkbox"/>	
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	

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**FORM W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000620518203		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
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Earnings - Dayforce

B. EMPLOYER IDENTIFICATION NUMBER 36-3249852		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 778-43-7144		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZS Associates, Inc. 1560 Sherman Avenue Ste. 800 Evanston IL 60201				5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sri Ashish		LAST NAME Ponnaganti		SUFF.		11. NONQUALIFIED PLANS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 6 Bethany Ct Apt 6 Franklin Park NJ 08823 USA				14. OTHER NJUI WF SW		153.86	
				12.a-d		13. STATUTORY <input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> EMPLOYEE PLAN SICK PAY	
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	

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2021

Dept. of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**