



Employee Reference Copy <b>W-2</b> Wage and Tax Statement Copy C for employee's records.		2021 OMB No. 1545-0008	
d Control number 000272	Dept. RZ/KMH	Corp.	Employer use only <b>A 23</b>
c Employer's name, address, and ZIP code <b>BI LABS INC 517 ROUTE 1 S SUITE 1116 ISELIN, NJ 08830</b>  Batch #91704			
e/f Employee's name, address, and ZIP code <b>OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087</b>			
b Employer's FED ID number <b>36-4839838</b>	a Employee's SSA number <b>XXX-XX-4729</b>		
1 Wages, tips, other comp. <b>50086.00</b>	2 Federal income tax withheld <b>4002.96</b>		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other 28.00 FLI 47.00 NJ DI 42.50 UI/WF/SWF	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State <b>TOTAL STATE</b>	16 State wages, tips, etc.		
17 State income tax <b>1248.99</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	AZ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	50,086.00	50,086.00	50,086.00	40,086.00
Reported W-2 Wages	<b>50,086.00</b>	<b>0.00</b>	<b>0.00</b>	<b>40,086.00</b>

2. Employee Name and Address.

**OVEYA DURAIARASAN  
43810 N 44TH LN  
NEW RIVER, AZ 85087**

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17 State income tax <b>1248.99</b>	18 Local wages, tips, etc.		
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<b>W-2</b> Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.		<b>2021</b> OMB No. 1545-0008	

1 Wages, tips, other comp. <b>50086.00</b>	2 Federal income tax withheld <b>4002.96</b>		
3 Social security wages	4 Social security tax withheld		
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7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code <b>OVEYA DURAIARASAN 43810 N 44TH LN NEW RIVER, AZ 85087</b>			
15 State <b>AZ</b>	Employer's state ID no. <b>36-4839838</b>	16 State wages, tips, etc. <b>40086.00</b>	
17 State income tax <b>1082.31</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
<b>W-2</b> AZ State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		<b>2021</b> OMB No. 1545-0008	

1 Wages, tips, other comp. <b>50086.00</b>	2 Federal income tax withheld <b>4002.96</b>		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number 000272	Dept. RZ/KMH	Corp.	Employer use only <b>A 23</b>
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17 State income tax <b>1082.31</b>	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
<b>W-2</b> AZ State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.		<b>2021</b> OMB No. 1545-0008	