

b Employer's Identification number c Employer's name, address, and ZIP code		47-5001357 CONTRIVE SOLUTIONS INC 367 WEST MAIN ST, SUITE L2 NORTHBOROUGH MA 01532 PAOLI PA 19301		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	101666.71	13761.90
				12b	3 Social security wages	4 Social security tax withheld
				\$	101666.71	6303.34
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	101666.71	1474.17
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		5965671		9		10 Dependent care benefits
ARPANA JAISWAL 55 S VALLEY RD, UNIT H 03 PAOLI PA 19301				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay
f Employee's address and ZIP code				14 Other		20 Locality name
15 State Employer's state I.D. No.		16 State wages, tips, etc.		18 Local wages, tips, etc.		21
PA	20041916	101666.71	3261.21	81666.70	816.70	21
				20000.01	200.01	21

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

b Employer's Identification number c Employer's name, address, and ZIP code		47-5001357 CONTRIVE SOLUTIONS INC 367 WEST MAIN ST, SUITE L2 NORTHBOROUGH MA 01532 PAOLI PA 19301		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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PA	20041916	101666.71	3261.21	81666.70	816.70	21
				20000.01	200.01	21

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/06/22 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		47-5001357 CONTRIVE SOLUTIONS INC 367 WEST MAIN ST, SUITE L2 NORTHBOROUGH MA 01532 PAOLI PA 19301		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code		47-5001357 CONTRIVE SOLUTIONS INC 367 WEST MAIN ST, SUITE L2 NORTHBOROUGH MA 01532 PAOLI PA 19301		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records