

		a Employee's social security number XXX-XX-0888	OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS Web Site at www.irs.gov.	
b Employer identification number (EIN) 83-4719331			1 Wages, tips, other compensation 63,168.00		2 Federal income tax withheld 5,860.65			
c Employer's name, address, and ZIP code SOFTTEKSOL INC 6468 Greenland Chase Blvd Jacksonville, FL 32258			3 Social security wages 63,168.00		4 Social security tax withheld 3,916.41			
			5 Medicare wages and tips 63,168.00		6 Medicare tax withheld 915.93			
			7 Social security tips		8 Allocated tips			
d Control number 12					10 Dependent care benefits			
e Employee's first name and initial ALOK		Last name DHRUVNARAIN		suff.		11 Nonqualified plans		12a See instructions for box 12
1524 W BLAYLOCK DRIVE PHOENIX, AZ 85085			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
			14 Other		12c			
					12d			
f Employee's address and ZIP code								
15 State FL	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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

**2021**

Department of the Treasury- Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

AWW2-BC

		a Employee's social security number XXX-XX-0888	OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS Web Site at www.irs.gov.	
b Employer identification number 83-4719331			1 Wages, tips, other compensation 63,168.00		2 Federal income tax withheld 5,860.65			
c Employer's name, address, and ZIP code SOFTTEKSOL INC 6468 Greenland Chase Blvd Jacksonville, FL 32258			3 Social security wages 63,168.00		4 Social security tax withheld 3,916.41			
			5 Medicare wages and tips 63,168.00		6 Medicare tax withheld 915.93			
			7 Social security tips		8 Allocated tips			
d Control number 12					10 Dependent care benefits			
e Employee's first name and initial ALOK		Last name DHRUVNARAIN		suff.		11 Nonqualified plans		12a See instructions for box 12
1524 W BLAYLOCK DRIVE PHOENIX, AZ 85085			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
			14 Other		12c			
					12d			
f Employee's address and ZIP code								
15 State FL	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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

**2021**

Department of the Treasury- Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).