	a Employee's social security number XXX-XX-0888	OMB No. 1545-000	Safe, accurate, 68 FAST! Use		Visit the IRS Web Site at www.irs.gov.			
b Employer identification number		1 V	Vages, tips, other compensation	2 Federal income tax withheld				
83-4719331				63,168.00	5,860.65			
C Employer's name, address, and ZIP code			3 5	Social security wages	4 Social security tax withheld			
SOFTTEKSOL INC				63,168.00	3,916.41			
6468 Greenland Chase Blvd			5 N	Medicare wages and tips	6 Medicare tax withheld			
Jacksonville, FL 32258				63,168.00	915.93			
		7 \$	Social security tips	8 Allocated tips				
d Control number 1.2					10 Dependent care benefits			
e Employee's first name and initia	Last name	suff.	11 N	12a See instructions for box 12				
ALOK	DHRUVNARAIN		13 Star	tutory Retirement Third-party oloyee plan sick pay	12b			
1504 M DIAMIOGE DOTTE			14 ()thor	d e			
1524 W BLAYLOCK DRIVE			14 (Julei	12c			
PHOENIX, AZ 85085					12d			
1110211111, 112 000					6 9			
f Employee's address and ZIP code								
15 State Employer's state ID num	nber 16 State wages, tips, etc.	17 State income tax	Κ	18 Local wages, tips, etc.	9 Local income tax 20 Locality name			
FL								

Wage and Tax Statement

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

2021

Department of the Treasury- Internal Revenue Service

AWW2-BC

	a Employee's social security number XXX-XX-0888	OMB No. 1545-00	800	Safe, accurate, FAST! Use	V	tle)		he IRS Web Site vw.irs.gov.
b Employer identification number			1 \	Vages, tips, other compensation	2	Pederal	income t	ax withheld
83-4719331				63,168.00	5,860.65			
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax withhe				
SOFTTEKSOL INC				63,168.00 3,916.				
6468 Greenland Chase Blvd				5 Medicare wages and tips 6 Medicare tax withheld				
Jacksonville, FL 32258				63,168.00				915.93
		7 5	Social security tips	8	8 Allocated tips			
d Control number 12				10 Dependent care benefits				
e Employee's first name and initial Last name suff.			11 Nonqualified plans 12a See instructions for box 12					for box 12
ALOK	DHRUVNARAIN		13 Sta	tutory Retirement Third-party ployee plan sick pay	12 C	b		
1524 W BLAYLOCK DRIVE			14 (Other	12 C	lc		
PHOENIX, AZ 85085					12 c	d		
f Employee's address and ZIP code					<i>"///</i>			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in		17 State income tax	ax 18 Local wages, tips, etc.		19 Local income tax		:ax	20 Locality name
FL								