Form W-2 Wage	and Tax S	Statement	2021							
d Control number 0025-0027M740 Void 0000000033 - PAYROL			c Employer's name, address, and ZIP code  DIVINE IT SERVICES LLC  BUNGATAVULA HARINATH SOLE MBR  212 N MAIN ST STE 201  NORTH WALES PA 19454-3129			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer identification number (EIN) a Employee's social security number							ps, other compensation	2 Federal income tax withheld		
20-1753029 XXX-XX-8979  13 Statutory Retirement plan Sick pay						136482.41 3 Social security wages		16947.11 4 Social security tax withheld		
						F W. F.	136482.41	6 Medicare tax withheld	8461.91	
12 See instructions for box 12	91.94	e Employee's name, address, and ZIP code SAI SUDARSHAN LINGUTLA 945 PARKVIEW DRIVE APT E205 KING OF PRUSSIA PA 19406				136482.41		1978.99		
					7 Social Se	curity Tips	8 Allocated Tips			
1						10 Dependent care benefits		11 Nonquelified plans		
							<del>a vocation de la constantial </del>			
15 State Employer's state ID no	ımber	16 State wages, tips,	etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income lax	20 Locality name		
PA 92297008			136482.41 4190.00							
This information is being furnished to the	Internal Revenue Service	. If you are required to	file a tax return, a neg	ligence penalty or other sanction may be imp	osed on you if this income is	laxable and yo	ou fail to report it.			
Form W-2 Wage	and Tax S	Statemen	t 2021			d with employee's FEDERAL tax return				
d Control number 0025-0027M740 Void 0000000033 - PAYROL			c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
	b Employer Identification number (EIN) a Employee's social security number			DIVINE IT SERVICES LLC BUNGATAVULA HARINATH SOLE MBR 212 N MAIN ST STE 201 NOOTH WALES BA 19454-3129			1 Wages, tips, other compensation 2 Federal income tax withheld			
20-1753029 13 Stalutory Retir							136482.41 ecurity wages	4 Social security tax withhe	16947.11	
employee plan sick pay			NORTH WALES PA 19454-3129				136482.41	6 Medicare tax withheld	8461.91	
12 See instructions for box 12	14 Other PASUI	91.94	e Employee's name	, address, and ZIP code			e wages and tips 136482.41		1978.99	
		SAI SUDARSHAN LINGUTLA 945 PARKVIEW DRIVE APT E205				Security Tips	8 Aliocated Tips			
u u			KING OF PR	USSIA PA 19406		10 Depend	dent care benefits	11 Nonqualified plans		
							[4			
15 State Employer's state ID r	umber	16 State wages, tips	, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name	W W	
PA 92297008			136482.41 4190.00							
				gligence penalty or other sanction may be in			nployee's tax return for P	Α		
Form W-2 Wage			c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service				
	0000000033 - PAYROL  tion number (EIN)   a Employee's social security number			DIVINE IT SERVICES LLC			OMB No. 1545-0008  1 Wages, tips, other compensation   2 Federal income tax withheld			
20-1753029 XXX-XX-8979			BUNGATAVULA HARINATH SOLE MBR 212 N MAIN ST STE 201				136482.41		16947.11	
13 Statutory Ret	Retirement Third-party plan sick pay			NORTH WALES PA 19454-3129			security wages 136482.41	4 Social security tax withh	8461.91	
12 See instructions for box 12	14 Other		e Employee's name, address, and ZIP code			5 Medica	re wages and tips 136482.41	6 Medicare tax withheld	1978.99	
	PASUI	91.94		SHAN LINGUTLA		7 Social	Security Tips	8 Allocated Tips	1070.00	
			945 PARKVIEW DRIVE APT E205 KING OF PRUSSIA PA 19406			10 Depen	dent care benefits	11 Nonqualified plans		
							and the second s	1		
15 State Employer's state ID	number	16 State wages, tip	s, etc.	17 State income tax	18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
PA 92297008			136482.41	4190.00						
This information is being furnished to U	ne Internal Revenue Servi	ce. If you are required t	o file a tax return, a n	egligence penalty or other sanction may be in	mposed on you if this income	is taxable and	you fail to report it.		(0) (0)	
•										
Form W-2 Wag	e and Tax	Stateme	nt 2021							
d Control number			c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer identification number (EIN) a Employee's social security number						1 Wages, tips, other compensation 2 Federal income tax withheld				
The state of the s							security wages	4 Social security lax with		
13 Statutory Retirement Third-party employee plan sick pay									-un-	
12 See instructions for box 12 14 Other			e Employee's name, address, and ZIP code			5 Medic	are wages and tips	6 Medicare tax withheld		
						7 Social	Security Tips	8 Allocated <b>Tips</b>		
						10 Depe	ndent care benefits	11 Nonqualified plans	100 100 100 100 100 100 100 100 100 100	
t .										

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

20 Locality name

19 Local income tax