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FEDERAL Tax Return.						1010 0000	
a Employee's SSN		s, tips, other comp. $88920$ .		<b>2</b> F∈	ederal income ta 134	x withheld 95.82	
876-37-780	7 3 Socia	3 Social security wages 4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)		88920.00 5513.					
20-8524493		care wages and tips $88920$ .	6 M	6 Medicare tax withheld 1289.34			
c Employer's name, add BONGOSYS	dress, and Z ${ m INC}$ .	IP code					
73-12 351	IVA H'	ENUE A45					
JACKSON H			137	2			
d Control number 20251 e Employee's name, ad KISHAN SA 9400 WEST AUSTIN, T	.PARE ' PARI	MER LANE	, #	: 9	35		
7 Social security tips 8 Allocated tips					2a. Saa instructio	ne for hoy 12	
10 Dependent care bene	""	11 Nonqualified plans			12a See instructions for box 12		
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Retirement plan	NYPF	NYPFL 385.32			2c		
Third-party sick pay				12	2d		
TX 20-8524		88920		1		0.00	
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18 Local wages, tips, etc	Local income tax			20 Locality name			
Form W-2 Wage and Tax Statement					Dept. of the Treasury - IRS		
This information is being furnished to the Internal Revenue Service.						,	
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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 fail to report it.

Copy C—For EMPLOYEE'S RECORDS

(See Notice to Employee)

(See Notice to Empl		CDCT	1545-0008						
a Employee's SSN	1 Wage	es, tips, other comp.		Federal income tax withheld					
		88920.00		13495.82					
876-37-780	3 Social	al security wages	<b>4</b> Sc	Social security tax withheld					
<b>b</b> Employer ID no. (EIN)		88920.00		5513.04					
00 0504400	5 Medi	care wages and tips		Medicare tax withheld					
20-8524493		88920.00		1289.34					
c Employer's name, address, and ZIP code									
BONGOSYS INC.									
73-12 35TH AVENUE A45									
JACKSON H	EIGH	TS, NY 1137	72						
d Control number									
20251									
e Employee's name, address, and ZIP code									
KISHAN SA				2 -					
9400 WEST	, PAR	MER LANE, #	F 9	35					
AUSTIN, T	X /8	/ 1 /							
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10 Dependent care benef	its <b>11</b>	Nonqualified plans	<sub>c</sub> 12	2a See instruction	ns for box 12				
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	NYSI		O Iå						
Retirement plan	NYPI	FL 385.3		2c					
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TV 20 0524	102	88920.0			0.00				
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15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc.	19	Local income tax	20	20 Locality name					
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy 2—To Be Fil- City, or Local Inco	2021 OMB No. 1545-0008					
a Employee's SSN		ages, tips, other comp. 88920.00	2 Federal income tax withheld 13495.82			
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BONGOSYS	INC	•				
73-12 351	'H A	VENUE A45				
		HTS, NY 1137	2			
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7 Social security tips		8 Allocated tips	9			
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Third-party sick pay			12d			
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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City, or Local Income Tax Return						5057	1545-0008	
a Employee's SSN		88920.00				Federal income tax withheld 13495.82		
						Social security tax withheld		
<b>b</b> Employer ID no. (EIN)		88920.00				5513.04		
20-8524493							89.34	
c Employer's name, address, and ZIP code								
BONGOSYS INC.								
73-12 35T	'H A'	VENU	E A45	5				
JACKSON HEIGHTS, NY 11372								
d Control number 20251								
e Employee's name, ad			de					
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AUSTIN, T				, #	2	733		
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7 Social security tips		8 Allocated tips			6	,		
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18 Local wages, tips, etc				_	20 Locality name			
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