								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.							es ts	102187			
						Group Term Adoption	ı Life	154	.50 154.	50 154.50	
						Deferred Co					
						Section 125	•	(746.	,	8) (746.48)	
							x/Wage Limit	(,	(74071.3	.,,	
						W-2 Wages	,	100311	.21 27524.		
D. CONTROL 000620577		This Information is to the Internal Reve		2021	MB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 100311.21			2. FEDERAL INCOME TAX WITHHELD 15021.93		
B. EMPLOYE	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	OCIAL SECUR	ITY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD				
36-324985	2		825-90-9679				27524.25 1706.50				
		DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
ZS Associa 1560 Sheri		_						524.25		399.10	
Ste. 800 Evanston I		е				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
Evansion 1E 00201						9. 10. DEPENDENT CARE BENEFITS				BENEFITS	
	E'S FIRST NAN	ME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUALIFIED PLANS			12.a-d C	154.50	
Ravleen Kaur									D	1284.38	
958 111th Ave. NE Bellevue WA 98004 USA						14. OTHER			DD	6857.57	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIF	EMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T						TAX	18. LOCAL WAGE	S, TIPS, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL N 0006205773		This Information is to the Internal Rev		2021	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMP 100	ENSATION 0311.21	2. FEDERAL INCO	2. FEDERAL INCOME TAX WITHHELD 15021.93			
B. EMPLOYER	IDENTIFICAT	ION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECUR	4. SOCIAL SECURITY TAX WITHHELD			
36-3249852 825-90-9679							27	7524.25		1706.50			
C. EMPLOYER	'S NAME, AD	DRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIP	S	6. MEDICARE TA	6. MEDICARE TAX WITHHELD			
ZS Associate	es, Inc.						27	7524.25		399.10			
1560 Sherm Ste. 800 Evanston IL		!				7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TI	8. ALLOCATED TIPS			
Evaliston 1E	. 00201					9.	9. 10. DEPENDENT CARE BENEFITS			EFITS			
E. EMPLOYEE'	'S FIRST NAM	E AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		154.50		
Ravleen			Kaur						D		1284.38		
958 111th Ave. NE Bellevue WA 98004 USA							14. OTHER DD				6857.57		
F. EMPLOYEE'	'S ADDRESS A	ND ZIP CODE							13. STATUTORY EMPLOYEE	RETIREMI PLAN	ENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME				TAX	18. LOCAL WAG	ES, TIPS, ETC.	19. LOCAL INCOME T	AX 20	D. LOCALITY NAME				
I													

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000620577301	This Information is to the Internal Rev	is being furnished evenue Service 2021 OMB NO.		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 100311.21			2. FEDERAL INCOME TAX WITHHELD 15021.93			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD				
36-3249852 825-90-9679						27524.25			1706.50		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
ZS Associates, Inc.						27524.25		399.10			
1560 Sherman Avenu Ste. 800 Evanston IL 60201	ıe				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
EVAIISION IL 60201					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	154.50		
Ravleen Kaur								D	1284.38		
958 111th Ave. NE Bellevue WA 98004 USA						14. OTHER			DD 6857.57		
F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETII	THIRD PARTY SICK PAY		
	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC	. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, E	TC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER This I	nformation is being furnished	2021	OMB NO. 1545-000	1. WAGES, 1	IPS, OTHER COMPENSATION	l	2. FEDERAL INCOME TAX WITHHELD		
000620577301 to the	000620577301 to the Internal Revenue Service		OIVID NO. 1343-000	0	100311.21		15021.93		
B. EMPLOYER IDENTIFICATION N	IUMBER A. EMPLOYEE'	S SOCIAL SEC	URITY NUMBER	3. SOCIAL SI	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
36-3249852	825-90-967	9			27524.25		1706.50		
C. EMPLOYER'S NAME, ADDRESS	S, AND ZIP CODE			5. MEDICAR	WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
ZS Associates, Inc.					27524.25		399.10		
1560 Sherman Avenue Ste. 800 Evanston IL 60201				7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
Evaliston 12 00201				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND	D INITIAL LAST I	NAME	SUFI	. 11. NONQUA	LIFIED PLANS		12.a-d C	154.50	
Ravleen	Kaur						D	1284.38	
958 111th Ave. NE Bellevue WA 98004 USA		14. OTHER			DD	6857.57			
USA					13. STATUTORY RETIREMENT X THIRD PART				
F. EMPLOYEE'S ADDRESS AND Z	IP CODE						EMPLOYEE PLAN	SICK PAY	
15. STATE   EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOM				E TAX	18. LOCAL WAGES, TIPS, I	ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	