									Feder	al Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
		explanation of t he Gross amour					Gross Wage		•	70769.	26 70769.3	26 70769.26	
							Group Term	Life		42.	18 42.	18 42.18	
							Deferred Co	mp	(3117.4	5)		
							Section 125		(1218.6	9) (1218.6	9) (1218.69)	
							Other Preta	x/Wage Lin	nit				
							W-2 Wages			56475.	30 69592.	75 69592.75	
D. CONTROL 000219648		This information is being furnished			OMB NO	0. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 66475.30				2. FEDERAL INCOME TAX WITHHELD 9531.80		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					BER	3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD			
36-299751			117-93-0943				69592.75				4314.75		
		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND			6. MEDICARE TAX WIT		
Viant Whee 140 East H									69592.75			1009.09	
Wheeling I							7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
							9.				10. DEPENDENT CARE E	BENEFITS	
		ME AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	42.18	
Vinay Kum	nar		Vomm								D	3117.45	
57 Russell Unit 2B	St						14. OTHER MA	APFML		65.42	DD	7200.27	
Woburn M	A 01801												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	EMENT X THIRD PARTY SICK PAY	
15. STATE MA	362-997-	S STATE I.D. NO. 517*08*	16. STATE WAGE	S, TIPS, ET 15957.		STATE INCOME T	AX 797.35	18. LOCAL V	WAGES, TIPS, E	C. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBE 000219648701	This information is	This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA 66475		2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD 9531.80		
B. EMPLOYER IDENTI	ICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECUP	RITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
36-2997517		117-93-0943				69592	.75		4314.75		
C. EMPLOYER'S NAM	, ADDRESS, AND ZIP (ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
Viant Wheeling, Ir	c.					69592	.75		1009.09		
140 East Hintz Rd Wheeling IL 6009)				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST	NAME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	42.18		
Vinay Kumar		Vomm	İ					D	3117.45		
57 Russell St					14. OTHER MAPFML 65.42			2 DD	7200.27		
Unit 2B											
Woburn MA 0180:								42 STATUTORY DETI	REMENT THIRD PARTY		
USA F. EMPLOYEE'S ADDE	ESS AND ZIP CODE							13. STATUTORY RETI			
15. STATE EMPLO	'ER'S STATE I.D. NO.	16. STATE WAG	S, TIPS, ETC	. 17. STATE INCOME 1	ΓAX	18. LOCAL WAGES, TI	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
MA 362-9	97-517*08*		15957.8	5	797.35						

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		This Information is		2024	OMBI	NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
000219648701 to the Internal Re		enue Service	2021	0	15 .5 0000		66	475.30			9531.80		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
36-2997517 117-93-0943							69592.75				4314.75		
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD			
Viant Wheeling, Inc.								69	592.75		1009.09		
140 East Hintz Rd Wheeling IL 60090							7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
							9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE	E'S FIRST NAM	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	42.18	
Vinay Kuma	nar		Vomm	i							D	3117.45	
57 Russell	St						14. OTHER MA	APFMI	65.	12	DD	7200.27	
Unit 2B Woburn MA									03.	-			
WSA F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
15. STATE MA	EMPLOYER' 362-997-	S STATE I.D. NO.	16. STATE WAG			17. STATE INCOME T	AX 797.35	18. LOCAL WAG	ES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
MA	302-99/-	21100.,		15957	.00		/9/.35						

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 000219648701		ation is being furnished		OMB N	NO. 1545-0008	1. WAGES, TI	PS, OTHER CON	MPENSATION 66475.30		2. FEDERAL INCOME TA	AX WITHHELD 9531.80	
			2021									
							CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
36-2997517		69592.75				4314.75						
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
Viant Wheeling, Inc.				69592.75				1009.09				
140 East Hintz Rd Wheeling IL 60090							URITY TIPS		8. ALLOCATED TIPS			
						9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	FIED PLANS			12.a-d C	42.18	
Vinay Kumar		Vomm	i							D	3117.45	
57 Russell St						14. OTHER MA	PFML		65.42	DD	7200.27	
Unit 2B												
Woburn MA 01801												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	TC. 1	17. STATE INCOME T	AX	18. LOCAL WA	AGES, TIPS, ET	C. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
MA 362-997-	517*08*		15957	.85		797.35						