| b Employer's Identification number c Employer's name, address, and ZIP code | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 103138.62 | 2 Federal income tax withheld 16825.00 |
|--|---|---|--|
| INFOSMART TECHNOLOGIES, INC. | 12b | 3 Social security wages | 4 Social security tax withheld 6394.59 |
| EAGO LAUDEL CODINGS DENV | 12c | 103138.62 5 Medicare wages and tips | 6 Medicare tax withheld |
| 5400 LAUREL SPRINGS PKWY STE 706 | \$ 12d | 103138.62 7 Social security tips | 1495.51 |
| SUWANEE GA 30024-6084 | \$ | | · |
| E Employee's first name and initial Last name 313012207 | This information is being furnished to the Internal Revenue Service | 9 | 10 Dependent care benefits |
| GEETHIKA GANGASANI | 0 | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 95 B CHARLESBANK WAY | Copy B To Be Filed with Employee's FEDERAL | 14 Other | |
| LIATERIAN MA COAFO | Tax Return | MAPFML | 396.13 |
| WALTHAM MA 02453 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code 15 State Employee's state I.D. No. 16 State wages, tips, etc. | 282-63-4443 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| MA WTH-10814314-003 _ 103138.62 _ 4928.60 | | | |
| Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy B To Be Filed \ | With Employee's FEDERAL Tax Retur |
| | | | |
| b Employer's Identification number c Employer's name, address, and ZIP code | | 1 Wages, tips, other compensation | |
| INFOSMART TECHNOLOGIES, INC. | \$ 12b | 103138.62 3 Social security wages | 16825.00 4 Social security tax withheld |
| THE OBJECT TECHNOLOGIES, THE. | \$ 12c | 103138.62 5 Medicare wages and tips | 6394.59 |
| 5400 LAUREL SPRINGS PKWY | \$ | 103138.62 | 1495.51 |
| STE 706 SUWANEE GA 30024-6084 | 12d \$ | 7 Social security tips | 8 Allocated tips |
| e Employee's first name and initial Last name | - | 9 | 10 Dependent care benefits |
| 313012207 | Comu 2 for State City or | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| GEETHIKA GANGASANI | Copy 2 for State, City, or Local Tax Departments | | employee plan sick pay |
| 95 B CHARLESBANK WAY | | 14 Other MAPFML | 396.13 |
| WALTHAM MA 02453 | a Employee's soc. sec. no | ļ | |
| f Employee's address and ZIP code | 282-63-4443 | | 100 1 116 |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. RH15 State Income ta ATEMENT MA WTH-10814314-003 103138.62 4928.60 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Department |
| 2021 | | ., | |
| REV 12/20/21 OSP | | | |
| b Employer's Identification number c Employer's name, address, and ZIP code 58 - 2365695 | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 103138.62 | 2 Federal income tax withheld 16825.00 |
| INFOSMART TECHNOLOGIES, INC. | 12b | 3 Social security wages | 4 Social security tax withheld |
| 5400 LAUREL SPRINGS PKWY | 12c | 103138.62 5 Medicare wages and tips | 6 Medicare tax withheld |
| STE 706 | \$ 12d | 103138.62 7 Social security tips | 1495.51 8 Allocated tips |
| SUWANEE GA 30024-6084 | \$ | | |
| E Employee's first name and initial Last name 313012207 | | 9 | 10 Dependent care benefits |
| GEETHIKA GANGASANI | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party plan sick pay |
| 95 B CHARLESBANK WAY | Local Tax Departments | 14 Other | |
| WALESTAN MA COAFO | | MAPFML | 396.13 |
| WALTHAM MA 02453 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code REISSUED STATEMENT 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 282-63-4443 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| MA WTH-10814314-003 103138.62 4928.60 | | | |
| Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's ST | ATE, CITY, or LOCAL Tax Department |
| | | | |
| b Employer's Identification number c Employer's name, address, and ZIP code | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 103138.62 | 2 Federal income tax withheld 16825.00 |
| INFOSMART TECHNOLOGIES, INC. | 12b | 3 Social security wages | 4 Social security tax withheld |
| E400 LAUDEL CERTINGS DVIN | 12c | 103138.62 5 Medicare wages and tips | 6394.59 |
| 5400 LAUREL SPRINGS PKWY STE 706 | \$ 12d | 103138.62 7 Social security tips | 1495.51 |
| SUWANEE GA 30024-6084 | \$ | 7 Godin Security tips | |
| Last name 313012207 | This information is being furnished to the Internal Revenue Service. If you are | 9 | 10 Dependent care benefits |
| GEETHIKA GANGASANI | required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you | 11 Nonqualified plans | 13 Statutory Retirement Third-party employee plan sick pay |
| 95 B CHARLESBANK WAY | fail to report it. Copy C for Employee's | 14 Other | |
| REISSUED STATEMENT | Records (see notice to Employee on back.) | MAPFML | 396.13 |
| WALTHAM MA 02453 | a Employee's soc. sec. no | 1 | |
| f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 282-63-4443 | 19 Local income tax | 20 Locality name |
| MA WTH-10814314-003 103138.62 4928.60 | | | |
| + | | | |