

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.				Federal Box 1			Soc. Sec. Box 3 & 7		Medicare Box 5	
				Gross Wages	59942.35	59942.35	59942.35			
				Txbl Benefits	63.30	63.30	63.30			
				Group Term Life	16.25	16.25	16.25			
				Adoption						
				Deferred Comp						
				Section 125	(357.40)	(357.40)	(357.40)			
				Other Pretax/Wage Limit		(59664.50)	(59664.50)			
				W-2 Wages	59664.50					
D. CONTROL NUMBER 000018534401	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	59664.50	2. FEDERAL INCOME TAX WITHHELD		9710.94		
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD					
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS					
				9.	10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash			LAST NAME Chauhan	SUFF.	11. NONQUALIFIED PLANS	12.a-d C DD		16.25 3032.70		
225 South Street Apt 2 Jersey City NJ 07307 USA				14. OTHER NJ DI NJ FLI NJUI WF SW	259.40 154.54 135.69					
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>				
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 810-697-956/000	16. STATE WAGES, TIPS, ETC. 60021.90	17. STATE INCOME TAX 2886.34	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME				

D. CONTROL NUMBER 000018534401				This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	59664.50	2. FEDERAL INCOME TAX WITHHELD		9710.94	
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198					3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD								
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS								
				9.	10. DEPENDENT CARE BENEFITS								
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash			LAST NAME Chauhan	SUFF.	11. NONQUALIFIED PLANS	12.a-d C DD		16.25 3032.70					
225 South Street Apt 2 Jersey City NJ 07307 USA				14. OTHER NJ DI NJ FLI NJUI WF SW	259.40 154.54 135.69								
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>							
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 810-697-956/000	16. STATE WAGES, TIPS, ETC. 60021.90	17. STATE INCOME TAX 2886.34	18. LOCAL WAGES, TIPS, ETC.	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 000018534401				This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	59664.50	2. FEDERAL INCOME TAX WITHHELD		9710.94	
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198					3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD								
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS								
				9.	10. DEPENDENT CARE BENEFITS								
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash			LAST NAME Chauhan	SUFF.	11. NONQUALIFIED PLANS	12.a-d C DD		16.25 3032.70					
225 South Street Apt 2 Jersey City NJ 07307 USA				14. OTHER NJ DI NJ FLI NJUI WF SW	259.40 154.54 135.69								
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>							
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 810-697-956/000	16. STATE WAGES, TIPS, ETC. 60021.90	17. STATE INCOME TAX 2886.34	18. LOCAL WAGES, TIPS, ETC.	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 000018534401				This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	59664.50	2. FEDERAL INCOME TAX WITHHELD		9710.94	
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198					3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD								
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS								
				9.	10. DEPENDENT CARE BENEFITS								
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash			LAST NAME Chauhan	SUFF.	11. NONQUALIFIED PLANS	12.a-d C DD		16.25 3032.70					
225 South Street Apt 2 Jersey City NJ 07307 USA				14. OTHER NJ DI NJ FLI NJUI WF SW	259.40 154.54 135.69								
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>							
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 810-697-956/000	16. STATE WAGES, TIPS, ETC. 60021.90	17. STATE INCOME TAX 2886.34	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME							

Copy B To be filed with Employee's FEDERAL tax return 2021 Dept. of the Treasury - Internal Revenue Service  
FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000018534402		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NY	EMPLOYER'S STATE I.D. NO. 810697956	16. STATE WAGES, TIPS, ETC. 59664.50	17. STATE INCOME TAX 232.46	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 000018534402		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NY	EMPLOYER'S STATE I.D. NO. 810697956	16. STATE WAGES, TIPS, ETC. 59664.50	17. STATE INCOME TAX 232.46	18. LOCAL WAGES, TIPS, ETC.	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 000018534402		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NY	EMPLOYER'S STATE I.D. NO. 810697956	16. STATE WAGES, TIPS, ETC. 59664.50	17. STATE INCOME TAX 232.46	18. LOCAL WAGES, TIPS, ETC.	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 000018534402		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NY	EMPLOYER'S STATE I.D. NO. 810697956	16. STATE WAGES, TIPS, ETC. 59664.50	17. STATE INCOME TAX 232.46	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return **2021** Dept. of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**

D. CONTROL NUMBER 000018534403		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER NY FL 24.29 NY DI 2.40	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 000018534403		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER NY FL 24.29 NY DI 2.40	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	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 000018534403		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER NY FL 24.29 NY DI 2.40	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	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 000018534403		This Information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER 81-0697956		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 658-35-8198				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE JenCap Partners LLC 1350 Broadway Suite 602 New York City NY 10018						5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
						9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Yash		LAST NAME Chauhan		SUFF.		11. NONQUALIFIED PLANS	12.a-d
225 South Street Apt 2 Jersey City NJ 07307 USA						14. OTHER NY FL 24.29 NY DI 2.40	
F. EMPLOYER'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return 2021 Dept. of the Treasury - Internal Revenue Service

FORM **W-2 Wage and Tax Statement**