a Employee's social security number	1 Wages, tips, other compensation 2684.00	2 Federal income tax withheld 0 . 0 0		
717-21-6969				
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld		
27-5349365	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP co	ode			
Servesys Corpo	ration			
104 Decker Ct Irving, TX, 75	062			
d Control number 829432-194835	50			
e Employee's name address and ZIP co	ode			
Bhaskara Sri 71 Devon Ct Edwardsville,	Harsha Nanduri			
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
13	14 Other	12b		
Statutory		12c		
Retirement plan		12d		
Third-party sick pay		12e		
IL -5349365 000 15 State Employer's state ID number	5 0.00	132.86		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Copy B To Be Filed With Employee's FEDERAL Tax Return.				

Form W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS. 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 impose	d on you if this income is taxable	and you fail to report it.			
a Employee's social security number	1 Wages, tips, other compensation 2684.00	2 Federal income tax withheld 0.00			
717-21-6969					
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld			
b Employer Identification number (Env)					
27-5349365	5 Medicare wages and tips	6 Medicare tax withheld			
© Employer's name, address, and ZIP code					
Servesys Corporation					
104 Decker Ct					
Irving, TX, 75	062				
d Control number 829432-19483550					
e Employee's name address and ZIP code					
Bhaskara Sri Harsha Nanduri 71 Devon Ct Edwardsville, IL, 62025					
7 Social security tips	8 Allocated tips	9			
, , ,					
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12			
		12b			
13	14 Other	C			
Statutory		12c			
		0 0 0 0			
Retirement		12d			
		100			
Third-party sick pay		12e			
IL -5349365 000	5 0.00	132.86			
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 Locality name			
Copy C For EMPLOYEE'S RECORD	Copy C For EMPLOYEE'S RECORDS.				

Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return. This information is being furnished to the Internal Revenue Service.

a Employee's social security number $717-21-6969$	1 Wages, tips, other compensation 2684.00	2 Federal income tax withheld 0.00	
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld	
27-5349365	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP co	ode	I	
Servesys Corpo	ration		
104 Decker Ct Irving, TX, 75	062		
d Control number 829432-194835	50		
e Employee's name address and ZIP co	ode		
71 Devon Ct Edwardsville,	IL, 62025	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
13	14 Other	12b	
Statutory employee		12c	
Retirement plan		12d	
Third-party sick pay		12e	
	5 0.00		
15 State Employer's state ID number 18 Local wages, tips, etc.	16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name	
To cood wagos, tips, oto.	TO LOCAL MOOTHS IEA	20 Locardy Hallie	
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			
Form W-2 Wage and Tax Zenefi	ts 2021	Department of the Treasury- Internal Revenue Service	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return. This information is being furnished to the Internal Revenue Service.

Statement

a Employee's social security number	1 Wages, tips, other compensation 2684.00	2 Federal income tax withheld 0.00	
717-21-6969			
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld	
27-5349365	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP co	ode		
Servesys Corpo	ration		
104 Decker Ct			
Irving, TX, 75	062		
d Control number 829432-194835	50		
e Employee's name address and ZIP co	ode		
Phaglana Cri	Harsha Nanduri		
	naisia Nailuuli		
71 Devon Ct			
Edwardsville,	IL, 62025		
7 Operated as a suite of the		<u> </u>	
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
1.2	14 Other	12b	
13	14 Other	0 0	
Statutory employee		12c	
☐ Retirement		99	
plan		12d	
Third-party		12e	
☐ sick pay		12e	
IL -5349365 000	5 0.00	132.86	
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 Locality name	
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			
Form W-2		Department of the Treasury-	

