

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2021 OMB No. 1545-0008		
a Employee's SSN 588-82-4294	1 Wages, tips, other comp. 320.00	2 Federal income tax withheld			
	3 Social security wages	4 Social security tax withheld			
b Employer ID no. (EIN) 45-5184920	5 Medicare wages and tips		6 Medicare tax withheld		
	c Employer's name, address, and ZIP code POZENT CORPORATION 371 HOES LANE SUITE 200 PISCATAWAY NJ 08854				
d Control number					
e Employee's name, address, and ZIP code SHREYA R BHARGAVA 164 SOUTH STREET APT 1 JERSEY CITY NJ 07307					Suff.
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
13 Statutory employee	14 Other		12b Code		
	NJ-SDI 1.50		12c Code		
	Retirement Plan NJ-SUI 1.22		12d Code		
	NJ-WFD 0.13				
Third-party sick pay NJ-FLI 0.51					
NJ	455-184-920/000	320.00	4.80		
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	

Form W-2 Wage and Tax Statement  
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			2021 OMB No. 1545-0008		
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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 imposed on you if this income is taxable and you fail to report it.

REV 12/03/21 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).			2021 OMB No. 1545-0008		
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