

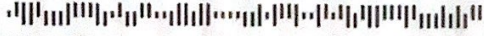


Department of the Treasury  
Internal Revenue Service  
PHILADELPHIA, PA 19255



# 000013426

I=0000



13426 1 AV 0.423



HARSHITHA BEHATA  
901 NW WARD RD APT 302  
LEES SUMMIT MD 64086-7846

0.3900z 604774-004-0/3962269 0013426 0013426 I=0000

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service	Calendar Year
(Please keep this copy for your records)	2021
Recipient's Identification Number 785-61-7660	Total Interest Paid or Credited \$11.33
PAYER'S Federal Identification Number 38-1798424 <b>(INTERNAL REVENUE USE ONLY)</b>	

**THIS IS NOT A TAX BILL.** It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.



# 2021 W-2 and EARNINGS SUMMARY



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
OMB No. 1545-0048

Copy C for employee's records.

d Control number 000057	Dept. R6/JZT	Corp.	Employer use only 5
----------------------------	-----------------	-------	------------------------

c Employer's name, address, and ZIP code  
**INTUPOINT INC**  
 1941 OAK TREE ROAD  
 EDISON, NJ 08820

Batch #99847

e/f Employee's name, address, and ZIP code  
**HARSHITHA BEHATA**  
 901 NW WARD RD  
 APT 302  
 LEES SUMMIT, MO 64086

b Employer's FED ID number 04-3620228	a Employee's SSA number XXX-XX-7660
--	--

1 Wages, tips, other comp. 5000.00	2 Federal income tax withheld 315.84
3 Social security wages 5000.00	4 Social security tax withheld 310.00
5 Medicare wages and tips 5000.00	6 Medicare tax withheld 72.50
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
14.00 FLI 23.50 NJ DI 21.25 UI/WF/SWF	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

15 State Employer's state ID no. NJ 043-620-228/000	16 State wages, tips, etc. 5000.00
17 State income tax 83.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	N.J. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	5,000.00	5,000.00	5,000.00	5,000.00
Reported W-2 Wages	5,000.00	5,000.00	5,000.00	5,000.00

2. Employee Name and Address.

**HARSHITHA BEHATA**  
 901 NW WARD RD  
 APT 302  
 LEES SUMMIT, MO 64086

© 2021 ADP, Inc.

Fold and Detach here

1 Wages, tips, other comp. 5000.00	2 Federal income tax withheld 315.84		
3 Social security wages 5000.00	4 Social security tax withheld 310.00		
5 Medicare wages and tips 5000.00	6 Medicare tax withheld 72.50		
d Control number 000057	Dept. R6/JZT	Corp.	Employer use only 5

c Employer's name, address, and ZIP code  
**INTUPOINT INC**  
 1941 OAK TREE ROAD  
 EDISON, NJ 08820

b Employer's FED ID number 04-3620228	a Employee's SSA number XXX-XX-7660
--	--

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
14.00 FLI 23.50 NJ DI 21.25 UI/WF/SWF	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code  
**HARSHITHA BEHATA**  
 901 NW WARD RD  
 APT 302  
 LEES SUMMIT, MO 64086

15 State Employer's state ID no. NJ 043-620-228/000	16 State wages, tips, etc. 5000.00
17 State income tax 83.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
OMB No. 1545-0048  
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 5000.00	2 Federal income tax withheld 315.84		
3 Social security wages 5000.00	4 Social security tax withheld 310.00		
5 Medicare wages and tips 5000.00	6 Medicare tax withheld 72.50		
d Control number 000057	Dept. R6/JZT	Corp.	Employer use only 5

c Employer's name, address, and ZIP code  
**INTUPOINT INC**  
 1941 OAK TREE ROAD  
 EDISON, NJ 08820

b Employer's FED ID number 04-3620228	a Employee's SSA number XXX-XX-7660
--	--

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
14.00 FLI 23.50 NJ DI 21.25 UI/WF/SWF	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code  
**HARSHITHA BEHATA**  
 901 NW WARD RD  
 APT 302  
 LEES SUMMIT, MO 64086

15 State Employer's state ID no. NJ 043-620-228/000	16 State wages, tips, etc. 5000.00
17 State income tax 83.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**NJ State Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
OMB No. 1545-0048  
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 5000.00	2 Federal income tax withheld 315.84		
3 Social security wages 5000.00	4 Social security tax withheld 310.00		
5 Medicare wages and tips 5000.00	6 Medicare tax withheld 72.50		
d Control number 000057	Dept. R6/JZT	Corp.	Employer use only 5

c Employer's name, address, and ZIP code  
**INTUPOINT INC**  
 1941 OAK TREE ROAD  
 EDISON, NJ 08820

b Employer's FED ID number 04-3620228	a Employee's SSA number XXX-XX-7660
--	--

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
14.00 FLI 23.50 NJ DI 21.25 UI/WF/SWF	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

e/f Employee's name, address and ZIP code  
**HARSHITHA BEHATA**  
 901 NW WARD RD  
 APT 302  
 LEES SUMMIT, MO 64086

15 State Employer's state ID no. NJ 043-620-228/000	16 State wages, tips, etc. 5000.00
17 State income tax 83.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**NJ State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
OMB No. 1545-0048  
 Copy 2 to be filed with employee's State Income Tax Return.





**2021 1099-G**

1099-G  
Rev. 10/21



HARSHITHA BEHATA  
901 NW WARD RD APT 302  
LEES SUMMIT MO 64086-7846

370141  
T690 P1

**THIS IS NOT A BILL OR A NOTICE OF REFUND**

**IMPORTANT TAX DOCUMENT**  
**- INFORMATION ONLY -**

- Below is a Form 1099-G from the Ohio Department of Taxation (ODT), which shows the amount of your total income tax overpayment(s) issued during calendar year 2021.
- Box #2 shows the Ohio income tax overpayment(s) calculated on your individual income tax return before any reductions for donations, payments of use tax, amounts offset, or amounts credited to future tax years.

Example	Refund	= \$400
Calculation:	+ Donation	= \$50
	+ Use Tax Paid	= \$50
	<u>Total Overpayment</u>	= \$500 (Total listed in box #2)

- Box #4 shows the school district income tax overpayment(s) calculated on your school district income tax return before any reductions for donations, payments of use tax, amounts offset, or amounts credited to future tax years.
- The amount listed in the "Total Reported to IRS" box (total of boxes #2 and #4) is reported to the IRS and may be taxable to you if you deducted the taxes paid as itemized deductions on your federal income tax return.

<input type="checkbox"/> CORRECTED (if checked)			
PAYER'S name, address, ZIP code and federal identifying number: STATE OF OHIO DEPARTMENT OF TAXATION P.O. BOX 2476 COLUMBUS, OH 43216-2476 FEDERAL ID #31-6402047	OMB No. 1545-0120  <div style="font-size: 2em; font-weight: bold;">2021</div> Form 1099-G	Statement for Recipients of Certain Government Payments	COPY B – FOR RECIPIENT This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, and ZIP code  HARSHITHA BEHATA 901 NW WARD RD APT 302 LEES SUMMIT MO 64086-7846			
THIS IS AN INFORMATION ONLY STATEMENT. THIS IS NOT A BILL OR NOTICE OF REFUND.			
RECIPIENT'S identifying number	#1 – Tax year for Box 2	#2 – State income tax refunds, credits or offsets:	Total Reported to IRS
XXX-XX-7660	2020	\$379.00	\$379.00
SPOUSE'S identifying number	#3 – Tax year for box 4	#4 – School district income tax refunds, credits or offsets:	
		\$0.00	
<b>Instructions to Recipient</b> Boxes #1 and #3 – Identifies the tax year for which the refunds, credits, or offsets shown in boxes #2 and #4 were made. Boxes #2 and #4 – Shows refunds, credits or offsets of state income tax and/or school district income tax you received. These amounts totaled up in "Total Reported to IRS" box may be taxable to you if you deducted the taxes paid as itemized deductions on your federal income tax return.			

**HAVE MORE QUESTIONS ABOUT THIS DOCUMENT?**  
– Please see reverse side for additional information –