Copy B To Be Filed with Employee's	2021	Copy 2 To Be Filed	With Employee's State	2021
FEDERAL Tax Return.	OMB No. 1545-0008	City, or Local Incom	With Employee's State ne Tax Return.	OMB No. 1545-0008
a Employee's SSN 1 Wages, tips, other comp. 99533.	2 Federal income tax withheld 7497.00	a Employee's SSN	Vages, tips, other comp. 99533.64	2 Federal income tax withheld 7497.00
899-66-2449 3 Social security wages	4 Social security tax withheld	899-66-2449 3 S	Social security wages	4 Social security tax withheld
b Employer ID no. (FIN) 99533.	64 6171.09	b Employer ID no. (EIN)	99533.64	6171.09
27-0359636	64 Medicare tax withheld 1443.24	27-0359636 5 N	Medicare wages and tips 99533.64	6 Medicare tax withheld 1443.24
c Employer's name, address, and ZIP code MAANTIC INC	·	c Employer's name, addres MAANTIC INC	s, and ZIP code	
1202 KIFER RD		1202 KIFER	RD	
SUNNYVALE	CA 94086	SUNNYVALE		CA 94086
d Control number		d Control number		
e Employee's name, address, and ZIP code	Suff.	e Employee's name, addres	ss, and ZIP code	Suff.
RAMESH KUMAR DASARI		RAMESH KUMAI		
1816 GLENGATE CR		1816 GLENGA		
MORRISVILLE	NC 27560	MORRISVILLE		NC 27560
7 Social security tips 8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
7 Social security tips 6 Allocated tips	"	7 Social Security tips	6 Allocated tips	9
	10 0 1 0 1 1 1 10	100	1411 15 1 1	10 0 1 0 1 1 1 10
10 Dependent care benefits 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 14 Other Statutory employee	12b Code	13 14 Statutory employee	1 Other	12b Code
Statutory employee	12c Code	Statutory employee		12c Code
Retirement Plan	120 0000	Retirement Plan		126 0000
	12d Code			12d Code
Third-party sick pay		Third-party sick pay		
NC 600973776 9	9533.64 4081.00	NC 600973776	9953	33.64 4081.00
15 State Employer's state ID number 16 State was	ges, tips, etc. 17 State income tax	15 State Employer's state ID	number 16 State wages, ti	ps, etc. 17 State income tax
18 Local wages, tips, etc. 19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
				,
Form W-2 Wage and Tay Statement	Dept. of the Treasury - IRS	Form W-2 Wage and Tax Sta	atement	Dept. of the Treasury - IRS
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.	Dept. of the Treasury - ING	1 Om VV-Z VVaye and Tax St	atement	Dept. of the Treasury - INC

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 fall to report it.

portary or other serious may be imposed on you will meet the distribution of the portary								
Copy C For EMPLOYEE'S RECORDS. 2021 (See Notice to Employees). OMB No. 1545-0008								
1 Wages tips of			ner comp.		2 Federal income tax withheld			
a Employee's SSN		99533.64		7497.00				
899-66-2449	3 Soci	al security	wages		4 Social security tax withheld			
b Employer ID no. (EIN)	1	99533.64 63			171.09			
	5 Medicare wages and tips 6 Medicare tax withheld			eld				
27-0359636	99533.64 1443			443.24				
c Employer's name, address, and ZIP code MAANTIC INC								
1202 KIFER RD								
SUNNYVALE				CA	94086	5		
d Control number								
e Employee's name, address, and ZIP code RAMESH KUMAR DASARI 1816 GLENGATE CR MORRISVILLE NC 27560								
7 Social security tips 8 Allocate		ed tips		9				
10 Dependent care benefits 11 Nonqua		alified plans	fied plans 12a Code See inst. for box		t. for box 12			
13 14 Other				12b Code				
Statutory employee				12c Code				
Retirement Plan				122 222				
Third wash valid as a co					12d (Code		
Third-party sick pay				. 1 .				
NC 600973776		99533		3.64	3.64 4081.00			
15 State Employer's state ID number			16 State wages, tips, etc. 17 State income ta		come tax			
18 Local wages, tips, etc. 19 Local in								

REV 12/03/21 QBDT

Commo To Do Di							
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.							
a Employee's SSN		ges, tips, other comp.		2 Federal income tax withheld			
a Employee's 55IN		99533.64		7497.00			
899-66-2449				security tax withheld			
b Employer ID no. (EIN)		99533.64	6171.09				
b Employer ID No. (EIN)	5 Medicare wag	dicare wages and tips		6 Medicare tax withheld			
27-0359636		99533.64	1443.24				
c Employer's name, ad MAANTIC II	NC	ode					
1202 KIF	ER RD						
SUNNYVALE			CA	94086			
d Control number							
e Employee's name, ac RAMESH KUI 1816 GLENO MORRISVILI	MAR DASA GATE CR		NC	Suff.			
			9	27300			
7 Social security tips	6 Alloca	8 Allocated tips					
10 Dependent care bene	efits 11 Nonqualified plans		12a Code See inst. for box 12				
13	14 Other		12b Co	ode			
Statutory employee			12c C	ada			
Retirement Plan			120 00	ode			
			12d Cd	ode			
Third-party sick pay		1		T			
NC 600973776 9953		33.64 4081.00					
15 State Employer's stat	e ID number	16 State wages, ti	ps, etc.	17 State income tax			
18 Local wages, tips, etc	c. 19 Local	19 Local income tax		20 Locality name			
Form W-2 Wage and Tax Statement				Dept. of the Treasury - IRS			