

a Employee's SSN 051-47-3177		b Employer identification number (EIN) 14-1925195			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IT VISION INC 5000 CENTREGREEN WAY, SUITE 500 CARY NC 27513		1 Wgs, tips, other compn 70728.00	2 Fed inc tax withheld 9490.00	3 Social security wages 70728.00		
		4 SS tax withheld 4385.14	5 Medicare wages & tips 70728.00	6 Medicare tax withheld 1025.56		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. PREETHIKA CHANDA 223 BRUSHY CREEK LANE NASHVILLE TN 37211		13 Statutory employee <input type="checkbox"/>	14 Other	12b		
		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
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
2021

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/03/21 QBDT

Department of the Treasury — IRS

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Form **W-2**
Wage and Tax Statement
2021

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/03/21 QBDT

a Employee's SSN 051-47-3177		b Employer identification number (EIN) 14-1925195			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IT VISION INC 5000 CENTREGREEN WAY, SUITE 500 CARY NC 27513		This information is being furnished to the IRS. 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.				
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Form **W-2**
Wage and Tax Statement
2021

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/03/21 QBDT