

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2021 OMB No. 1545-0008	
a Employee's SSN 684-32-6570	1 Wages, tips, other comp 12600.00	2 Federal income tax withheld 792.00	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN) 46-2296013	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code TRUECHOICEPACK 9565 CINCINNATI COLUMBUS ROAD WEST CHESTER OH 45069			
d Control number			
e Employee's name, address, and ZIP code NISARG KAMLESHBHAI PANDYA 7757 HUNT CLUB DR. MASON OH 45040			
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	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
OH 53 050104	12600.00	260.25	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 4200.00	19 Local income tax 47.04	20 Locality name Mason L	

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

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.

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