

<b>b Employer's Identification number</b> <b>c Employer's name, address, and ZIP code</b>		81-4001774 TROVETECHS INC 390 AMWELL ROAD, SUITE 313 HILLSBOROUGH NJ 08844		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
				W \$ 732.30	28775.40	5028.04
				12b \$	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
				12c \$	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				12d \$	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
<b>e Employee's first name and initial</b> Last name		8117570		This information is being furnished to the Internal Revenue Service		<b>9</b>
NAGA VENKATA BHARADWAJ DOGIPARTHI 7150 N TERRA VISTA DR, APT 1212 PEORIA IL 61614				<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>		<b>10 Dependent care benefits</b>
<b>f Employee's address and ZIP code</b>				<b>a Employee's soc. sec. no</b> 745-63-5705		<b>11 Nonqualified plans</b>
						<b>13</b> Statutory employee Retirement plan Third-party sick pay
						<b>14 Other</b>
<b>15 State</b>	<b>Employer's state I.D. No.</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>
IL	81-4001774000	28775.40	1424.39			

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

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NAGA VENKATA BHARADWAJ DOGIPARTHI 7150 N TERRA VISTA DR, APT 1212 PEORIA IL 61614				<b>Copy 2 for State, City, or Local Tax Departments</b>		<b>10 Dependent care benefits</b>
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/06/22 OSP

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NAGA VENKATA BHARADWAJ DOGIPARTHI 7150 N TERRA VISTA DR, APT 1212 PEORIA IL 61614				<b>Copy C for Employee's Records</b> (see notice to Employee on back.)		<b>10 Dependent care benefits</b>
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