								Federal	Box 1	Soc. Sec. Box 3 8	7 Medica	re Box 5	
		explanation of the Gross amount			ge boxes on your W-2, adjustments	Gross Wage		5	5019.2	3 5019.	23	5019.23	
						Group Term	Life						
						Adoption	· Line						
						Deferred C	omn						
						Section 12							
						Other Pretax/Wage Limit							
						W-2 Wages			5019.2	23 5019.	23	5019.23	
									015.2			3013.23	
D. CONTROL NUM 000051661701		This Information is being furnished to the Internal Revenue Service 202			OMB NO. 1545-0008	1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION 5019.23			2. FEDERAL INCOME TAX WITHHELD 836.73			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGES	5		4. SOCIAL SECURITY TAX WITHHELD			
94-3326476			040-16-1983					5019.23		311.19			
C. EMPLOYER'S N.	AME, AD	DRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND T			6. MEDICARE TAX WIT			
Exiservice Com								5019.23			72.78	3	
10 Exchange Pl Ste 2200 Jersey City NJ						7. SOCIAL SE	CURITY TIPS			8. ALLOCATED TIPS			
Sersey City No	07502					9.				10. DEPENDENT CARE E	BENEFITS		
E. EMPLOYEE'S FII Amit K	RST NAM	E AND INITIAL	LAST NA Pathak		SUFF.	11. NONQUAI	IFIED PLANS			12.a-d			
1800 silas deane Hwy Apt 210 Rocky Hill CT 06067 USA							ΓPL	2	5.10				
F. EMPLOYEE'S A	DDRESS A	AND ZIP CODE								13. STATUTORY RETIRED PLAN		D PARTY PAY	
F-1000000000000000000000000000000000000		STATE I.D. NO.	16. STATE WAGE				18. LOCAL WA	AGES, TIPS, ETC	. 19.1	LOCAL INCOME TAX	20. LOCALITY N	NAME	
CT 382	245551	-000		5019	.23	272.31							
		•					•				•		

D. CONTROL 00005166:		This Information is being furnished to the Internal Revenue Service		2021	OMB NO	. 1545-0008	1. WAGES, TIPS, OTHER COMP		5019.23		2. FEDERAL INCOME TAX WITHHELD 836.73		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLO				SOCIAL SEC	URITY NUME	BER	3. SOCIAL SE	CURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
94-3326476 040-16-1983								5019.23		311.19			
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD			
Exiservice.	Com, LLC								5019.23			72.78	
10 Exchange Place Ste 2200							7. SOCIAL SEC	CURITY TIPS			8. ALLOCATED TIPS		
Jersey City NJ 07302							9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYE Amit K	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Amit K Pathak					11. NONQUALIFIED PLANS				12.a-d			
1800 silas deane Hwy Apt 210 Rocky Hill CT 06067 USA							14. OTHER CTPL 25.10				13. STATUTORY RETIREMENT THIRD PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE											EMPLOYEE PLAN		
15. STATE		S STATE I.D. NO.	16. STATE WAGI	50 10		STATE INCOME 1		18. LOCAL WA	GES, TIPS, ETC.	19.1	LOCAL INCOME TAX	20. LOCALITY NAME	
CT	3824555	L - 000		5019	.23		272.31						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000051661701	This Information is to the Internal Rev	ion is being furnished Il Revenue Service 2021		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 5019.23			2. FEDERAL INCOME TAX WITHHELD 836.73			
B. EMPLOYER IDENTIFIE	CATION NUMBER	A. EMPLOYEE'S SE	MPLOYEE'S SOCIAL SECURITY NUMBER			CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD		
94-3326476		040-16-1983				501	9.23	311.19			
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Exiservice.Com, LLC						501	9.23		72.78		
10 Exchange Place Ste 2200 Jersey City NJ 0730	2				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Jersey City NJ 0730	2				9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME Amit K Pathak				SUFF.	11. NONQUALIFIED PLANS			12.a-d			
1800 silas deane H Rocky Hill CT 0606 USA		, advision		14. OTHER CT	PL	25.10					
F. EMPLOYEE'S ADDRE	SS AND ZIP CODE							13. STATUTORY RETI	REMENT THIRD PARTY SICK PAY		
	EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME 38245551-000 5019.23		TAX 272.31	18. LOCAL WAGES,	TIPS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME				

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL 00005166			ormation is being furnished Internal Revenue Service		OMB N	O. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 5019.23				2. FEDERAL INCOME TAX WITHHELD 836.73		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SE	CURITY WAGES	5	4. SOCIAL SECURITY TAX WITHHELD			
94-3326476 040-16-1983									5019.23	311.19			
C. EMPLOYE	ER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WIT	THHELD	
Exiservice.	.Com, LLC								5019.23			72.78	
10 Exchange Place Ste 2200							7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
Jersey City NJ 07302							9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NA	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	FIED PLANS			12.a-d		
Amit K			Pathal										
1800 silas deane Hwy Apt 210 Rocky Hill CT 06067 USA							14. OTHER CT	PL	25				
USA										1		REMENT THIRD PAR	
F. EMPLOYEE'S ADDRESS AND ZIP CODE											EMPLOYEE PLAN	SICK PAY	
15. STATE	EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	rc. 1	7. STATE INCOME T	AX	18. LOCAL WA	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAM	1E
CT	3824555	1-000		5019.	.23		272.31						