

## 2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement		Statement	
Copy C for employer's records. OMB No. 1545-0008			
d Control number 0000049885 NLD	Dept. B085	Corp. S	Employer use only 20840
c Employer's name, address, and ZIP code WAYFAIR LLC 4 COPLEY PL SUITE 700 BOSTON, MA 02116			
e/f Employee's name, address, and ZIP code AAYUSH SINGHAL 660 OCEAN AVE APT 336 REVERE, MA 02151			
b Employer's FED ID number 26-2188108	a Employee's SSA number XXX-XX-8018		
1 Wages, tips, other comp. 15423.19	2 Federal income tax withheld 2739.23		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D   440.02		
14 Other	12b DD 628.00		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. MA WTH-11938524-004	16 State wages, tips, etc. 15423.19		
17 State income tax 748.74	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	16,046.19	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	0.00
FED. INCOME TAX WITHHELD BOX 02 OF W-2	2,739.23	MEDICARE TAX WITHHELD BOX 06 OF W-2	0.00
STATE INCOME TAX BOX 17 OF W-2	748.74	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information  
file a new W-4 with your payroll department

AAYUSH SINGHAL  
660 OCEAN AVE  
APT 336  
REVERE, MA 02151

Social Security Number: XXX-XX-8018



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Federal Filing Copy  
**W-2** Wage and Tax Statement **2021**  
Copy B to be filed with employee's Federal Income Tax Return.

MA. State Filing Copy  
**W-2** Wage and Tax Statement **2021**  
Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2021**  
Copy 2 to be filed with employee's City or Local Income Tax Return.



### Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-0047 600320  
**2021**

<b>Part I Employee</b>		<b>2 Social security number (SSN)</b> ***-**-8018		<b>Applicable Large Employer Member (Employer)</b>		<b>8 Employer identification number (EIN)</b> 26-2186108	
<b>1 Name of employee (first name, middle initial, last name)</b> AAYUSH SINGHAL				<b>7 Name of employer</b> WAYFAIR LLC			
<b>3 Street address (including apartment no.)</b> 660 OCEAN AVE APT 336				<b>9 Street address (including room or suite no.)</b> 4 COPLEY PLACE, FLOOR 7		<b>10 Contact telephone number</b> 617-502-7273	
<b>4 City or town</b> REVERE		<b>5 State or province</b> MA		<b>6 Country and ZIP or foreign postal code</b> 02151		<b>11 City or town</b> BOSTON	
				<b>12 State or province</b> MA		<b>13 Country and ZIP or foreign postal code</b> 02116	

14 Offer of Coverage (enter required code)	Employee's Age on January 1 23												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 108.33	\$ 108.33
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2C	2C
17 ZIP Code															

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>				(e) Months of coverage												
18	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
					AAYUSH SINGHAL	***-**-8018										
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