| Copy B To Be Filed W FEDERAL Tax Return | | loyee's | 2021 | OMB No. 1545-0008 | | To Be Filed V Local Incom | | loyee's State, | 2021 | OMB No 1545-000 | |
|---|---|--|---|--------------------------|---|------------------------------|--------------|------------------------------------|--------------------------------|------------------------|--|
| a. Employee's SSN | | | Pederal income t | tax withheld | a. Employ | | | s,tips, other comp. | 2 Federal income | tax withheld | |
| 892-17-1798 | 56998.00 3 Social security wages | | 9125.88 4 Social security tax withheld | | 892-1 | 892-17-1798 | | 56998.00 security wages | 4 Social security tax withheld | | |
| b. Employer ID number | 3 Social security wages 0 number 56998.00 5 Medicare wages and tips | | 3533.88 6 Medicare tax withheld | | b. Employ | b. Employer ID number | | 56998.00 | 3533.88 | | |
| 83-3086378 | 5 Medica | 56998.00 | Medicare tax with | 826.47 | 83-3 | 086378 | 5 Medic | are wages and tips 56998.00 | 6 Medicare tax w | 826.4 | |
| c. Employer's name, addre | ss, and ZI | P code | | | c. Employ | yer's name, addre | ss, and ZIP | code | | | |
| DELISIS INC | | | | | DEL | ISIS INC | | | | | |
| 1440 KOLL CI | | | | | |) KOLL CI | | | | | |
| SAN JOSE, CA | 95112 | 2 | | | | JOSE, CA | 95112 | | | | |
| d. Control number 7 | | | | | d. Control | number | | | | | |
| e. Employee's name, addres | ss, and ZIF | P code | | | e. Employ | vee's name, addres | ss, and ZIP | code | | | |
| Kranthi Kumar | | | | | | | | amalasetti | | | |
| 18324 Bridle Tampa, FL 330 | | Drive | | | | 24 Bridle ba, FL 33 | | Drive | | | |
| · · | | | | | | | | | | | |
| 7 Social security tips | cial security tips 8 Allocated tips | | | | 7 Social security tips | | 8 | 8 Allocated tips | | | |
| 10 Dependent care benefits | 11 1 | Nonqualified plans | 12a Code See in | nst. for box 12 | 10 Depend | dent care benefits | 11 | Nonqualified plans | 12a Code See | inst. for box 12 | |
| 13 Statutory employee 1 | tory employee 14 Other | | 12b Code | | 13 Statuto | 13 Statutory employee 14 | | | 12b Code | | |
| Retirement plan | ment plan | | 12c Code | | Ret | Retirement plan | | | | 12c Code | |
| Third party sick pay | | | 12d Code | | Third | d party sick pay | | | 12d Code | | |
| FL | | | | | FL | | | | | | |
| 15 State Emplr.'s state II | D # | 16 State wages, tips, etc. | 17 State incor | ne tax | 15 State | Emplr.'s state | D# | 16 State wages, tips, etc. | 17 State inc | ome tax | |
| 18 Local wages, tips,etc. | 19 L | ocal income tax | 20 Locality name | | 18 Loca I | wages, tips, etc. | 19 | Local income tax | 20 Locality n | | |
| | | | | | | | | | | | |
| | be imposed | to the IRS. If you are required on you if this income is taxable CORDS | | | | N2-B22C To Be Filed V | | ght AccountantsWorld, 2004 | 2021 | OMB No. | |
| (See Notice to Employ a. Employee's SSN | | , tips, other comp. 2 | EFederal income t | 1545-0008 ax withheld | City, or a. Employ | Local Incom | | turn s,tips, other comp. | 2 Federal income | 1545-000 | |
| 892-17-1798 | | 56998.00 | | 9125.88 | | 7-1798 | | 56998.00 | | 9125.88 | |
| b. Employer ID number | 3 Social : | security wages 56998.00 | Social security ta | xwithheld 3533.88 | b. Emplo | yer ID number | 3 Social | security wages 56998.00 | 4 Social security t | ax withheld 3533.88 | |
| 02 2006270 | 5 Medica | re wages and tips 6 56998.00 | Medicaretax wit | hheld 826.47 | 02.2 | 006270 | 5 Medica | are wages and tips 56998.00 | 6 Medicare tax w | ith held 826.4 | |
| 83-3086378 56998.00 826.47 c. Employer's name, address, and ZIP code 2000 < | | | | | 83-3086378 56998.00 826.4 c. Employer's name, address, and ZIP code | | | | | | |
| DELISIS INC | | | | | DEL | ISIS INC | | | | | |
| 1440 KOLL CIRCLE STE 101 | | | | | 1440 KOLL CIRCLE STE 101 | | | | | | |
| SAN JOSE, CA | 95112 | 2 | | | SAN | JOSE, CA | 95112 | | | | |
| d. Control number 7 | | | | | d. Control 7 | number | | | | | |
| e. Employee's name, address, and ZIP code | | | | | e. Employee's name, address, and ZIP code | | | | | | |
| Kranthi Kumar Chalamalasetti 18324 Bridle Club Drive | | | | | Kranthi Kumar Chalamalasetti 18324 Bridle Club Drive | | | | | | |
| Tampa, FL 33 | | DIIVe | | | | pa, FL 33 | | DIIVC | | | |
| 7 Social security tips | 8 / | Allocated tips | [| | 7 Social | security tips | 8 | Allocated tips | | | |
| 10 Dependent care benefit | ts 11 N | Nonqualified plans | 12a Code See in | nst. for box 12 | 10 Depend | dent care benefits | 11 | Nonqualified plans | 12a Code See | inst. for box 12 | |
| 13 Statutory employee 14 | 4 Other | | 12b Code | | 13 Statute | | | 14 Other | | 12b Code | |
| | - Ourier | | | | | | 14 Other | | | | |
| Retirement plan | | | 12c Code | | | irement plan | | | 12c Code | | |
| Third party sick pay | | | 12d Code | | Third | l party sick pay | | | 12d Code | | |
| FL | | | | | FL | | | | | | |
| 15 State Emplr.'s state I | | 16 State wages, tips, etc. | 17 State incor | | 15 State | Emplr.'s state I | | 16 State wages, tips, etc. | 17 State inco | | |
| 18 Local wages, tips, etc. | 19 L | ocal income tax | 20 Locality nam | э | 18 Local | wages, tips, etc. | 19 | Local income tax | 20 Locality na | me | |
| | Statement | 39-1908647 | Dopt of the | Treasury IRS | | W-2 Wage and Ta: | (State mont | t 39-1908647 | Dont of the | Treasury IRS | |