

Form **W-2 Wage and Tax Statement** 2021

c Employer's name, address, and ZIP code
 XACTWARE SOLUTIONS, INC
 545 WASHINGTON BLVD
 JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code
 RAMA DEVI RAVIPATI
 4089 WINCREST LN
 ROCHESTER MI 48306

		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
			59012.48			
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
			14921.94	925.16		
		9	5 Medicare wages and tips	6 Medicare tax withheld		
			14921.94	216.37		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
				6.90		
		13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other	12b		
			Medical 1243.68	900.00		
		b Employer identification number (EIN)	Dental 106.08	12c		
		13-3189711	Vision 69.60	6218.64		
		a Employee's social security no.		12d		
		375-65-7122				
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MT	133189711	59012.48	2508.07			

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0008

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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