	e's social security number $L - 0.700$	OMB No. 154	5-0008	Safe, accurate, FAST! Use	IRSC -	∽ file	Visit the www.irs	e IRS website at s.gov/efile	
b Employer identification number (EIN) 46-3286106			1 Wages, tips, other compensation 117016.00			2 Federal income tax withheld 13460.68			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld 7254.99			
Pro IT Inc 1415 Elbridge Payne Rd STE 268				5 Medicare wages and tips 117016.00			6 Medicare tax withheld 1696.73		
Chesterfield MO 63017-8502				7 Social security tips			8 Allocated tips		
d Control number			9	9 10 Dependent care benef			benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans			12a See instructions for box 12 DD 4053.96			
Goutham Reddy Peddaveerannagari 3106 Timber Run Dr			13 Statutory employee Retirement plan Third-party sick pay 12b 14 Other 12c						
						12d			
Columbia MO 65203 f Employee's address and ZIP code						C d e			
15 State Employer's state ID number MO 22069739	16 State wages, tips, etc. 117016.00	17 State incon 5449.00		18 Local wages	s, tips, etc.	19 Local inco	ome tax	20 Locality name	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service									

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

		1						
	a Employee's social security number		F 4F 0000					
	020-51-0700	OMB No. 154						
b Employer identification number (EIN)			1 Wages, tips, other compensation			2 Federal income tax withheld		
46-3286106			117016.00			13460.68		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Pro IT Inc			117016.00			7254.99		
			5 Medicare wages and tips			6 Medicare tax withheld		
1415 Elbridge Payne Rd STE 268			117016.00			1696.73		
			7 Social security tips			8 Allocated tips		
Chesterfield MO 63017-8502								
d Control number			9 10 De			Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a					
Goutham Reddy Peddaveerannagari						DD	4053.	.96
			13 Statu emp	tory Retirement oyee plan	Third-party sick pay	12b		
3106 Timber Run Dr						o d e		
			14 Other			12c		
						o d e		
						12d		
Columbia MO 65203						d d		
f Employee's address and ZIP cod	le					Ū		
15 State Employer's state ID numb	ber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages	, tips, etc.	19 Local in	ncome tax	20 Locality name
MO 22069739	117016.00	5449.00)					
		1		+				1
Form W=2 Wage and Tax Statement \Box \Box \Box \Box \Box \Box \Box \Box \Box								

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

	a Employee's social security number $020 - 51 - 0700$		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.					
b Employer identification number (EIN)				iges, tips, other compensation	2 Federal income	2 Federal income tax withheld		
46-3286106				016.00	13460.68	13460.68		
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social security tax withheld			
Pro IT Inc			117	016.00	7254.99			
			5 Me	edicare wages and tips	6 Medicare tax withheld			
1415 Elbridge Payne Rd STE 268			117	016.00	1696.73			
			7 So	cial security tips	8 Allocated tips			
Chesterfield	MO 63017-85	02						
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff.			11 No	onqualified plans	12a See instructions for box 12			
Goutham Reddy Peddaveerannagari					DD 4053.96			
3106 Timber Run Dr			13 Star	tutory Retirement Third-party ployee plan sick pay	12b			
			14 Oth	her				
					0 e			
Columbia MO 65203					12d			
					o d e			
f Employee's address and ZIP code						-		
15 State Employer's state ID numb		c. 17 State incor			19 Local income tax	20 Locality name		
MO 22069739	117016.00	5449.00						
W_9 Wage and	d Tax Statement	202	ר כ	Department of	of the Treasury-Internal	Revenue Service		
Form WW - Wage and			_ Ц	Sa	afe, accurate,			
Copy C-For EMPLOYEE'S RE	CORDS			F4	AST! Use			

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