| Copy B To Be Fi FEDERAL Tax Re | iled w | ith Emp | oloyee's | 20 2 | 21 B No. 1545-0008 | | Copy City, | 2 To Be Fi or Local Inc | led W | ith Emp | oloyee's State | | 21 B No. 1545-0008 |
|--|------------------------|-----------------------|-----------------------|----------------------------|------------------------------|----------------------------------|----------------|---|-------------|---------------|-----------------------|-------------------|----------------------------------|
| a Employee's SSN | 1 Wag | es, tips, otl | ner comp. 76182.00 | 2 Federa | l income tax withhe | | a Emp | loyee's SSN | 1 Wag | jes, tips, ot | her comp. 76182.00 | 2 Federa | l income tax withheld 6249.00 |
| 776-61-6699 | 3 Socia | al security | wages | 4 Social: | security tax withhel | ld | 776 | -61-6699 | 3 Soci | al security | wages | 4 Social | security tax withheld |
| b Employer ID no. (EIN) | E Mad | care wage | 76182.00 | C Madiaa | 4723 | 3.28 | b Emplo | oyer ID no. (EIN) | E Mad | icare wage | 76182.00 | C Madian | 4723.28 |
| 46-2566667 | 3 Iviedi | | 76182.00 | 6 iviedica | 1104 | 1.64 | 46- | 2566667 | 5 ivied | icare wage | 76182.00 | 6 iviedica | 1104.64 |
| c Employer's name, add SSATECH IN | dress, a VC | nd ZIP cod | le | | | | | loyer's name, ad ATECH II | | and ZIP coo | le | | |
| 13800 COPF | PERM | INE F | RD STE 17 | 0 | | | 13 | 800 COPI | PERM | IINE F | RD STE 17 | 0 | |
| HERNDON | | | | VA | 20171 | | HE | RNDON | | | | VA | 20171 |
| d Control number | | | | | | | d Cont | rol number | | | | | |
| e Employee's name, ad DINESH KOI 502 REGENT HENRICO | ĹΑ | | | 3A VA | 23238 | Suff. | DI: | loyee's name, ac NESH KOI 2 REGENT NRICO | ĹA | | de E LN APT | 3A VA | Suff. 23238 |
| 7 Social security tips | | 8 Allocate | d tips | 9 | | | 7 Socia | al security tips | | 8 Allocate | ed tips | 9 | |
| 10 Dependent care benef | fits | 11 Nonqua | lified plans | 12a C | ode See inst. for bo | ox 12 | 10 Depe | endent care bene | fits | 11 Nonqua | alified plans | 12a Co | ode See inst. for box 12 |
| 13 | 14 Ot | her | | 12b C | ode | | 13 | | 14 O | ther | | 12b Co | ode |
| Statutory employee | | | | 12c C | ode | | Statutory | employee | | | | 12c C | ode |
| Retirement Plan | | | | 12d C | ode | | Retireme | | | | | 12d Co | ode |
| Third-party sick pay VA 30-46256 | 6667 | F-001 | 7618 | 2.00 | 3760 | 0.00 | VA | 30-46256 | 6667 | F-001 | 7618 | 2.00 | 3760.00 |
| 15 State Employer's state ID number 16 State wages, tips, | | | s, etc. | , etc. 17 State income tax | | 15 State Employer's state ID nur | | mber 16 State wages, tips | | s, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc | i. | 19 Local ir | ncome tax | 20 Loca | ality name | | 18 Loca | al wages, tips, etc |) . | 19 Local ir | ncome tax | 20 Localit | y name |
| Form W-2 Wage and Tax This information is being furnis | x Staten shed to th | nent e Internal Re | venue Service. | 1 | Dept. of the Treasu | ury - IRS | Form W | /-2 Wage and Ta | x Stater | ment | | | Dept. of the Treasury - IR |

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.

Copy C For EMPLOYEE'S RECORDS.

2021

| Copy C For EM | 2021 | | | | | | | |
|---|----------------------------|-------------|---------------------|--------------------------------|-------------------------------|--|--|--|
| (See Notice to E | | | | | OMB No. 1545-0008 | | | |
| a Employee's SSN | 1 Wages, tips, other comp. | | | | 2 Federal income tax withheld | | | |
| | | | 76182.00 | 6249.00 | | | | |
| 776-61-6699 | 3 Soci | al security | • | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | | | 76182.00 | 4723.28 | | | | |
| 46 056666 | 5 Med | icare wage | | 6 Medicare tax withheld | | | | |
| 46-2566667 | | | 76182.00 | 1104.64 | | | | |
| c Employer's name, ac SSATECH I | | and ZIP cod | le | | | | | |
| 13800 COP | PERM | IINE F | RD STE 17 | 0 | | | | |
| HERNDON | | | | V | A 20171 | | | |
| d Control number | | | | | | | | |
| e Employee's name, a DINESH KO 502 REGEN HENRICO | LA | | | | A 23238 | | | |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | | | |
| 0 Dependent care ben | efits | 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | |
| 13 | 14 Ot | ther | | 12b Code | | | | |
| Statutory employee | | | | 120 Codo | | | | |
| Retirement Plan | | | | 12c Code | | | | |
| tomornon i mil | | | | 12d Code | | | | |
| hird-party sick pay | <u> </u> | | | | | | | |
| VA 30-46256 | 6667 | F-001 | 7618 | 32.0 | 0 3760.00 | | | |
| 15 State Employer's sta | te ID nur | mber | 16 State wages, tip | os, etc. | 17 State income tax | | | |
| 18 Local wages, tips, et | .c. | 19 Local ir | come tax | 20 Locality name | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form W-2 Wage and Tax Statement

REV 12/17/21 QBDT

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. | | | | | | | | | |
|---|--------------------------|------------------------------|---------------|--------------------------------|-------------------------------|--|--|--|--|
| a Employee's SSN | | ges, tips, ot | | 2 Federa | 2 Federal income tax withheld | | | | |
| a Employee's 33N | | | 76182.00 | 6249.00 | | | | | |
| 776-61-6699 | 3 Soci | ial security | wages | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | _ | | 76182.00 | 4723.28 | | | | | |
| Employer io no. (Env) | 5 Med | licare wage | s and tips | 6 Medicare tax withheld | | | | | |
| 46-2566667 | | 76182.00 | | | 1104.64 | | | | |
| c Employer's name, address, and ZIP code SSATECH INC 13800 COPPERMINE RD STE 170 | | | | | | | | | |
| HERNDON VA 20171 | | | | | | | | | |
| d Control number | d Control number | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. DINESH KOLA 502 REGENTS CROSSE LN APT 3A | | | | | | | | | |
| HENRICO VA 23238 | | | | | | | | | |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | | | | |
| 10 Dependent care ber | efits | 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | | |
| 13 | 14 0 | ther | | 12b Code | | | | | |
| Statutory employee | | | | 12c C | 12c Code | | | | |
| Retirement Plan | | | | 12d Co | 12d Code | | | | |
| Third-party sick pay | | | | | | | | | |
| VA 30-4625 | VA 30-462566667F-001 761 | | | | 3760.00 | | | | |
| 15 State Employer's st | ate ID nu | os, etc. 17 State income tax | | | | | | | |
| 18 Local wages, tips, 6 | etc. | 19 Local in | ncome tax | 20 Locality name | | | | | |
| Form W-2 Wage and T | ax State | ment | | | Dept. of the Treasury - IRS | | | | |