

Copy B — To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 5835.30	2 Federal income tax withheld 904.10	
a Employee's SSN 736-06-9792	3 Social security wages 5835.30	4 Social security tax withheld 361.79		
b Employer ID No. (EIN) 13-5674085	5 Medicare wages and tips 5835.30	6 Medicare tax withheld 84.61		
c Employer's name, address and ZIP code MERRILL LYNCH, PIERCE, FENNER & SMITH INC ONE BRYANT PARK NEW YORK, NY 10036				
d Control number				
e — f Employee's name, address and ZIP code MOHAN SIVA KRISHNA KONAKANCHI 5369 LAS COLINAS BLVD APT 2402 IRVING, TX 75039				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12		
13 Statutory employee Retirement plan Third-party sick pay	12b code			
14 Other	12c code			
	12d code			
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

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 (See Notice to Employee on the back of Copy 2.)		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
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15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

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