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		orm W-2 nd Tax Statement OMB No. 1545-0008		Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return			Form W-2 Wage and Tax Statement OMB No. 1545-0008			
		2 Federal income t	ax withheld 904.10		2021	1 Wages, tips, other		2 Federal income	tax withheld 904.10	
	3 Social security wages	4 Social security ta	x withheld		oyee's SSN -06-9792	3 Social security wa		4 Social security to		
out and provide a second control of the second of the seco		6 Medicare tax with		b Empl	oyer ID No. (EIN)	5 Medicare wages a	and tips	6 Medicare tax wit	hheld	
13-5674085 5835.30 84.61 c Employer's name, address and ZIP code MERRILL LYNCH, PIERCE, FENNER & SMITH INC ONE BRYANT PARK NEW YORK, NY 10036				13-5674085 5835.30 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					d Control number					
e — f Employee's name, address MOHAN SIVA KRISHNA 5369 LAS COLINAS BLV IRVING, TX 75039	KONAKANCHI			M0 53	imployee's name, address DHAN SIVA KRISHNA 69 LAS COLINAS BLV VING, TX 75039	KONAKANCHI				
7 Social security tips	8 Allocated tips	9		7 Social security tips 8 Allocated tips			9			
10 Dependent care benefits	11 Nonqualified plans	12a code See instr	for box 12	10 Dep	endent care benefits	11 Nonqualified pla	ns	12a code See inst	tr. for box 12	
13 Statutory employee Retire	ment plan Third-party sick pay	12b code		13 Stat	utory employee Retire	ment plan Third-p	arty sick pay	12b code		
		12c code		14 Other				12c code		
		12d code						12d code		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income to	ix	15 State	Employer's state ID no.	16 State wages	s, tips, etc.	17 State income t	ax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		18 Loc	al wages, tips, etc.	19 Local incom	ne tax	20 Locality name		
Department of the Treasury — Internal Revenue Service						Donartm	ant of the Tre	asury — Internal Re	venue Service	
This information is being furnished return, a negligence penalty or othe fail to report it. Copy C — For EMPLOYEE'S Notice to Employee on the	er sanction may be imposed on you	you are required to fi if this income is taxa orm W-2 nd Tax Statement	e a tax ble and you OMB No. 1545-0008		— To Be Filed With City, or Local Income		100	orm W-2 nd Tax Statement	OMB No. 1545-0008	
2021	1 Wages, tips, other comp. 5835.30	2 Federal income	tax withheld 904.10		2021	1 Wages, tips, other	er comp. 5835.30	2 Federal income	tax withheld 904.10	
a Employee's SSN	3 Social security wages	4 Social security to			loyee's SSN 5-06-9792	3 Social security w		4 Social security		
736-06-9792 b Employer ID No. (EIN)	5835.30 Medicare wages and tips	6 Medicare tax wit	hheld	b Emp	loyer ID No. (EIN)	5 Medicare wages	and tips	6 Medicare tax w		
13-5674085 5835.30 84.61 13-5674085 5835.30 84.66								04.01		
d Control number				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			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		7 Soci	al security tips	8 Allocated tips		9		
10 Dependent care benefits	11 Nonqualified plans	12a code See inst	r. for box 12	10 De	pendent care benefits	11 Nonqualified pla	ans	12a code See ins	str. for box 12	
13 Statutory employee Retire	ement plan Third-party sick pay	12b code		13 Sta	tutory employee Retire	ement plan Third-p	party sick pay	12b code		
14 Other 12c c		12c code		14 Ott	ner			12c code		
		12d code						12d code		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income t	ax	15 Stat	Employer's state ID no.	. 16 State wage	es, tips, etc.	17 State income	tax	
18 Local wages, tips, etc.	19 Local income tax Department of the Tr	20 Locality name	evenue Service	18 Lo	cal wages, tips, etc.	19 Local incor		20 Locality name		