

b Employer identification number (EIN) 04-6002284		12a See instructions for box 12		1 Wages, tips, other compensation 3542.54		2 Federal income tax withheld 117.60	
c Employer's name, address, and ZIP code Commonwealth of Massachusetts University of Massachusetts 333 South St, 4th Fl, Suite 450 Shrewsbury, MA 01545		12b \$		3 Social security wages		4 Social security tax withheld	
		12c \$		5 Medicare wages and tips		6 Medicare tax withheld	
		12d \$		7 Social security tips		8 Allocated tips	
e Employee's first name and initial Last name Suff SHRAVYA KADUR		12e \$		9		10 Dependent care benefits	
836 MANOR AVENUE NORTH CLAYMONT DE 19703		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
		Copy B To Be Filed With Employee's FEDERAL Tax Return		14 Other			
f Employee's address and ZIP code		a Employee's social security number 098-15-9113					
15 State MA	Employer's state ID number 046002284	16 State wages, tips, etc. 3542.54	17 State income tax 177.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return.

b Employer identification number (EIN) 04-6002284		12a See instructions for box 12		1 Wages, tips, other compensation 3542.54		2 Federal income tax withheld 117.60	
c Employer's name, address, and ZIP code Commonwealth of Massachusetts University of Massachusetts 333 South St, 4th Fl, Suite 450 Shrewsbury, MA 01545		12b \$		3 Social security wages		4 Social security tax withheld	
		12c \$		5 Medicare wages and tips		6 Medicare tax withheld	
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836 MANOR AVENUE NORTH CLAYMONT DE 19703		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other			
f Employee's address and ZIP code		a Employee's social security number 098-15-9113					
15 State MA	Employer's state ID number 046002284	16 State wages, tips, etc. 3542.54	17 State income tax 177.10	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

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c Employer's name, address, and ZIP code Commonwealth of Massachusetts University of Massachusetts 333 South St, 4th Fl, Suite 450 Shrewsbury, MA 01545		12b \$		3 Social security wages		4 Social security tax withheld	
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e Employee's first name and initial Last name Suff SHRAVYA KADUR		12e \$		9		10 Dependent care benefits	
836 MANOR AVENUE NORTH CLAYMONT DE 19703		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
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f Employee's address and ZIP code		a Employee's social security number 098-15-9113					
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 04-6002284		12a See instructions for box 12		1 Wages, tips, other compensation 3542.54		2 Federal income tax withheld 117.60	
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836 MANOR AVENUE NORTH CLAYMONT DE 19703		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other			
f Employee's address and ZIP code		a Employee's social security number 098-15-9113					
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER 000893023302		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-3806691			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-15-9113			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Blackrock Financial Management, Inc. 40 East 52nd Street New York NY 10022						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya 836 Manor Ave N Claymont DE 19703 USA						LAST NAME Kadur		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
						SUFF.		11. NONQUALIFIED PLANS		12. a-d	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						9.		10. DEPENDENT CARE BENEFITS		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15. STATE MA		EMPLOYER'S STATE I.D. NO. 133-806-691*07*		16. STATE WAGES, TIPS, ETC. 17115.66		17. STATE INCOME TAX 31.74		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
										20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER 000893023302		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-3806691			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-15-9113			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Blackrock Financial Management, Inc. 40 East 52nd Street New York NY 10022						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya 836 Manor Ave N Claymont DE 19703 USA						LAST NAME Kadur		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
						SUFF.		11. NONQUALIFIED PLANS		12. a-d	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						9.		10. DEPENDENT CARE BENEFITS		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15. STATE MA		EMPLOYER'S STATE I.D. NO. 133-806-691*07*		16. STATE WAGES, TIPS, ETC. 17115.66		17. STATE INCOME TAX 31.74		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
										20. LOCALITY NAME	

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2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER 000893023302		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-3806691			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-15-9113			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Blackrock Financial Management, Inc. 40 East 52nd Street New York NY 10022						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya 836 Manor Ave N Claymont DE 19703 USA						LAST NAME Kadur		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
						SUFF.		11. NONQUALIFIED PLANS		12. a-d	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						9.		10. DEPENDENT CARE BENEFITS		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15. STATE MA		EMPLOYER'S STATE I.D. NO. 133-806-691*07*		16. STATE WAGES, TIPS, ETC. 17115.66		17. STATE INCOME TAX 31.74		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
										20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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W-2 AND WAGE SUMMARY

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D. CONTROL NUMBER 000893023301		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 35345.51		2. FEDERAL INCOME TAX WITHHELD 4854.90			
B. EMPLOYER IDENTIFICATION NUMBER 13-3806691			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-15-9113			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Blackrock Financial Management, Inc. 40 East 52nd Street New York NY 10022					5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD				
					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS				
					9.		10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya			LAST NAME Kadur		SUFF.		11. NONQUALIFIED PLANS		12. a-d		
836 Manor Ave N Claymont DE 19703 USA							14. OTHER		C 2.50		
									D 632.00		
							W 156.51		AA 1296.00		
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		
15. STATE DE		EMPLOYER'S STATE I.D. NO. 1-133806691-001		16. STATE WAGES, TIPS, ETC. 35345.51		17. STATE INCOME TAX 1829.10		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
										20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return
FORM **W-2 Wage and Tax Statement** **2021** Dept. of the Treasury - Internal Revenue Service

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					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS				
					9.		10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya			LAST NAME Kadur		SUFF.		11. NONQUALIFIED PLANS		12. a-d		
836 Manor Ave N Claymont DE 19703 USA							14. OTHER		C 2.50		
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FORM **W-2 Wage and Tax Statement** **2021** Dept. of the Treasury - Internal Revenue Service

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W-2 AND WAGE SUMMARY

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D. CONTROL NUMBER 000893023303		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER 13-3806691			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 098-15-9113			3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD	
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						9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL Shravya		LAST NAME Kadur		SUFF.		11. NONQUALIFIED PLANS		12. a-d DD 3709.87	
						14. OTHER			
						13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									
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			

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2021

Dept. of the Treasury - Internal Revenue Service

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FORM **W-2 Wage and Tax Statement**

2021

Dept. of the Treasury - Internal Revenue Service

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						14. OTHER			
						13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									
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			

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FORM **W-2 Wage and Tax Statement**

2021

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W-2 AND WAGE SUMMARY