## 2021 W2 & EARNINGS SUMMARY

7444
DATA PIONEER INC
366 NORTH BROADWAY
SUITE PHW-3
JERICHO, NY 11753
Control no. 7444-0215

## KRANTHI K MADDI

Social Security #:834-14-4054

	Federal	State
Filing Status	S	S
Exemptions	00	00

## WAGES

<u>Description</u>	Amount	Box
Soc Sec Wages	85506.00	3
Medicare Wages	85506.00	5
Federal Wages	85506.00	1

## WITHHOLDINGS

Description	escription Amount	
Soc Sec Tax	5301.37	4
Medicare Tax	1239.84	6
Fed Income Tax	11334.21	2

Control number COPY B-To Be Filed With	Employer ID no. (EIN)	1 Wages.	tips, other comp.	2 Federal inc	. tax withheld
7444-0215 Employee's FEDERAL Tax Return.	20-1109362		85506.00		11334.21
Employer's name, address, and ZIP code	Employee's SSN	3 Social s	security wages		urity tax withhel
DATA PIONEER INC	834-14-4054		85506.00		
366 NORTH BROADWAY	7 Social security tips	5 Medica	re wages and tips	6 Medicare t	ax withheld
SUITE PHW-3			85506.00		1239.84
JERICHO, NY 11753	8 Allocated tips	9		10 Dependent	t care benefits
Employee's name, address, and ZIP code	11 Nonqualified plans		12a-12d	l	13 Statutory
KRANTHI K MADDI			Code See inst	. for box 12	empl.
215 SOUTH MENLO AVENUEIVE	14 Other				Retirement
APT 12					plan
SIOUX FALLS, SD 57104					Third-party sick pay
This information is being furnished to the Internal Revenue S	ervice.			19 Local inc. ta	
•		-0008	Dena		Freasury - IRS
Form <b>W-2</b> Wage and Tax Statement 2	]2] OMB No. 1545			rtment of the 1	Freasury - IRS
•			tips, other comp.	rtment of the 1	. tax withheld
Form W-2 Wage and Tax Statement 21 Control number COPY 2—To Be Filed With Employee's	OMB No. 1545 Employer ID no. (EIN)	1 Wages,		rtment of the 1	tax withheld 11334.21
Form W-2 Wage and Tax Statement 20 Control number COPY 2—To Be Filed With Employee's State, City, or Local Income Tax Return.	OMB No. 1545 Employer ID no. (EIN) 20-1109362	1 Wages,	tips, other comp. 85506.00	rtment of the 7 2 Federal inc.	tax withheld 11334.21 urity tax withhel
Form W-2 Wage and Tax Statement 21 Control number COPY 2—To Be Filed With Employee's State, City, or Local Income Tax Return. Employer's name, address, and ZIP code	OMB No. 1545 Employer ID no. (EIN) 20-1109362 Employee's SSN	1 Wages, 3 Social s	tips, other comp.  85506.00 security wages	rtment of the 1 2 Federal inc 4 Social secu	tax withheld 11334.21 urity tax withheld 5301.37
Form W-2 Wage and Tax Statement 20 Control number COPY 2—To Be Filed With Employee's 7444-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY SUITE PHW-3	OMB No. 1545 Employer ID no. (EIN) 20-1109362 Employee's SSN 834-14-4054 7 Social security tips	1 Wages, 3 Social s	tips, other comp. 85506.00 security wages 85506.00	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withheld 5301.37 ax withheld 1239.84
Form W-2 Wage and Tax Statement 21 Control number COPY 2—To Be Filed With Employee's 7444-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY	OMB No. 1545 Employer ID no. (EIN) 20-1109362 Employee's SSN 834-14-4054	1 Wages, 3 Social s	tips, other comp.  85506.00 security wages  85506.00 are wages and tips	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withheld 5301.37 ax withheld
Form W-2 Wage and Tax Statement 20 Control number COPY 2—To Be Filed With Employee's 7444-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY SUITE PHW-3	OMB No. 1545 Employer ID no. (EIN) 20-1109362 Employee's SSN 834-14-4054 7 Social security tips	1 Wages, 3 Social s 5 Medica	tips, other comp.  85506.00 security wages  85506.00 are wages and tips  85506.00	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withheld 5301.37 ax withheld 1239.84 t care benefits
Form W-2 Wage and Tax Statement 20 Control number COPY 2—To Be Filed With Employee's 7444-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY SUITE PHW-3 JERICHO, NY 11753	OMB No. 1545  Employer ID no. (EIN) 20-1109362  Employee's SSN 834-14-4054 7 Social security tips 8 Allocated tips	1 Wages, 3 Social s 5 Medica	tips, other comp.  85506.00 security wages  85506.00 are wages and tips  85506.00	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withhele 5301.37 ax withhele 1239.84 t care benefits  13 Statutory empl.
Form W-2 Wage and Tax Statement 20 Control number COPY 2—To Be Filed With Employee's 7444-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY SUITE PHW-3 JERICHO, NY 11753  Employee's name, address, and ZIP code KRANTHI K MADDI 215 SOUTH MENLO AVENUEIVE	OMB No. 1545 Employer ID no. (EIN) 20-1109362 Employee's SSN 834-14-4054 7 Social security tips 8 Allocated tips	1 Wages, 3 Social s 5 Medica	tips, other comp.  85506.00 security wages  85506.00 are wages and tips  85506.00	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withheld 5301.37 ax withheld 1239.84 t care benefits  13 Statutory empl. Retirement
Form W-2 Wage and Tax Statement 20 Control number 7444-0215 COPY 2—To Be Filed With Employee's Tat4-0215 State, City, or Local Income Tax Return. Employer's name, address, and ZIP code DATA PIONEER INC 366 NORTH BROADWAY SUITE PHW-3 JERICHO, NY 11753 Employee's name, address, and ZIP code KRANTHI K MADDI	OMB No. 1545  Employer ID no. (EIN) 20-1109362  Employee's SSN 834-14-4054 7 Social security tips 8 Allocated tips	1 Wages, 3 Social s 5 Medica	tips, other comp.  85506.00 security wages  85506.00 are wages and tips  85506.00	rtment of the 1 2 Federal inc 4 Social secu 6 Medicare t	c. tax withheld 11334.21 urity tax withhele 5301.37 ax withheld 1239.84 t care benefits  13 Statutory empl.

Form W-2 Wage and Tax Statement 20	51	OMB No. 1545-	-000	18	Depa	rtment of the	Treasury - IRS
Control number COPY 2—To Be Filed With Employee's	Empl	oyer ID no. (EIN)	1 \	Vages, tips	s, other comp.	2 Federal in	c. tax withheld
7444-0215 State, City, or Local Income Tax Return.	20	-1109362			85506.00		11334.21
Employer's name, address, and ZIP code	Empl	oyee's SSN	3 8	Social seci	urity wages	4 Social sec	curity tax withheld
DATA PIONEER INC		4-14-4054		85506.00		5301.37	
366 NORTH BROADWAY	<b>7</b> So	cial security tips	5 N	∕ledicare v	wages and tips	6 Medicare	tax withheld
SUITE PHW-3					85506.00		1239.84
JERICHO, NY 11753	8 All	ocated tips	9			10 Depender	nt care benefits
Employee's name, address, and ZIP code	<b>11</b> No	nqualified plans			12a-12d		13 Statutory
KRANTHI K MADDI					Code		empl.
215 SOUTH MENLO AVENUEIVE	14 Other						Retirement
APT 12							plan
SIOUX FALLS, SD 57104							Third-party
							sick pay
15 State Employer's state ID number 16 State wages, tips	, etc.	17 State income t	tax 1	8 Local w	ages, tips, etc.	19 Local inc. 1	tax 20 Locality
					NTF	2584457	1 PPW24DN

Form W-2 Wage and Tax Statement	<b>2</b>	5-0008	Depa	rtment of the Tre	asury - IRS
Control number COPY C-For EMPLOYEE'S RECORDS	Employer ID no. (EIN)	1 Wages, tip	s, other comp.	2 Federal inc.	tax withheld
7444-0215 (See Notice to Employee.)	20-1109362		85506.00		11334.21
Employer's name, address, and ZIP code	Employee's SSN	3 Social sec	curity wages	4 Social securi	ty tax withheld
DATA PIONEER INC	834-14-4054		85506.00		5301.37
366 NORTH BROADWAY	7 Social security tips	5 Medicare	wages and tips	6 Medicare tax	withheld
SUITE PHW-3			85506.00		1239.84
JERICHO, NY 11753	8 Allocated tips	9		10 Dependent o	are benefits
Employee's name, address, and ZIP code	11 Nonqualified plans	3	12a-12d		13 Statutory
KRANTHI K MADDI			Code See inst	. for box 12	empl.
215 SOUTH MENLO AVENUEIVE	14 Other		]	ļ.	Retirement
APT 12					olan
SIOUX FALLS, SD 57104				-	Third-party
					sick pay
15 State Employer's state ID number 16 State wages, tips	s, etc. <b>17</b> State income	tax 18 Local v	vages, tips, etc.	19 Local inc. tax	20 Locality

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.