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|--|----------------------------|--|---|---|------------------|
| 22222 VOID <input type="checkbox"/> | | a Employee's social security number 053-39-5556 | | OMB No. 1545-0008 | |
| b Employer identification number (EIN) 81-2075358 | | | 1 Wages, tips, other compensation 52249.60 | 2 Federal income tax withheld 6820.00 | |
| c Employer's name, address, and ZIP code TECSPIRIT CORP 1460 E WHITESTONE BLVD SUITE 270 CEDAR PARK TX 78613 | | | 3 Social security wages 52249.60 | 4 Social security tax withheld 3239.48 | |
| | | | 5 Medicare wages and tips 52249.60 | 6 Medicare tax withheld 757.62 | |
| | | | 7 Social security tips | 8 Allocated tips | |
| d Control number | | | 9 | 10 Dependent care benefits | |
| e Employee's name, address, and ZIP code PHANENDRA NATH KOLA 1701 ROYAL LANE APT 7301 FARMERS BRANCH TX 75229 | | | 11 Nonqualified plans | 12a See instructions for box 12 | |
| | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b | |
| | | | 14 Other | 12c | |
| | | | | 12d | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer.

2021

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

LW2D1

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