

Form **W-2 Wage and Tax Statement 2021** OMB No. 1545-0008

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|---|--|--------------------------------|---|---|
| c Employer's name, address, and ZIP code 00049-7176/717600056/ /0001 SYSCONS CORPORATION 959 MINERAL SPRING AVE STE 4 N PROVIDENCE RI 02904 | | 7 Social security tips | 1 Wages, tips, other compensation 97141.14 | 2 Federal income tax withheld 10385.40 |
| e Employee's first name and initial Last name Suff. KIRAN GONTU 2675 STARBOARD WAKE DR CUMMING, GA 30041 | | 8 Allocated tips | 3 Social security wages 97141.14 | 4 Social security tax withheld 6022.75 |
| | | 9 | 5 Medicare wages and tips 97141.14 | 6 Medicare tax withheld 1408.55 |
| f Employee's address and ZIP code 15 State Employer's state ID number GA 3263327-LC | | 12a | 10 Dependent care benefits | 11 Nonqualified plans |
| | | 12d | 12b | 12c |
| 16 State wages, tips, etc. 97141.14 | | 17 State income tax 5295.62 | 18 Local wages, tips, etc. | 19 Local income tax |
| | | | | 20 Locality name |

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return 01-0287147 Department of the Treasury - Internal Revenue Service

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Copy B To Be Filed With Employee's FEDERAL tax return 01-0287147 Department of the Treasury - Internal Revenue Service

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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.

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