

b Employer's Identification number		81-0930594		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code		ITSYNTAX INC 207 EAST HOLLY AVENUE SUITE #203 STERLING VA 20164		\$	52690.26	6916.84	
e Employee's first name and initial		Last name 6856902		12b	3 Social security wages	4 Social security tax withheld	
RAJESH SAMMITA		10203 HAWK STORM AVE		\$	13671.36	847.62	
TAMPA FL 33610				12c	5 Medicare wages and tips	6 Medicare tax withheld	
f Employee's address and ZIP code				\$	13671.36	198.23	
15 State		Employer's state I.D. No.		12d	7 Social security tips	8 Allocated tips	
16 State wages, tips, etc.		17 State income tax		\$			
18 Local wages, tips, etc.		19 Local income tax		9		10 Dependent care benefits	
19 Local income tax		20 Locality name		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
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	

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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 Tax Departments	

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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 Tax Departments	

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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	