

|  |   |   |                                 |  |  |                   |          |
|--|---|---|---------------------------------|--|--|-------------------|----------|
| To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments. |   |   |                                 | Federal Box 1      Soc. Sec. Box 3 & 7      Medicare Box 5   |  |                   |          |
|  |   |   |                                 | Gross Wages  | 29880.00                                   | 29880.00          | 29880.00 |
|  |   |   |                                 | Txbl Benefits  |  |                   |          |
|  |   |   |                                 | Group Term Life  |  |                   |          |
|  |   |   |                                 | Adoption   |  |                   |          |
|  |   |   |                                 | Deferred Comp  |  |                   |          |
|  |   |   |                                 | Section 125  |  |                   |          |
|  |   |   |                                 | Other Pretax/Wage Limit  |  |                   |          |
|  |   |   |                                 | W-2 Wages  | 29880.00                                   | 29880.00          | 29880.00 |
| D. CONTROL NUMBER<br>000295317101  | This Information is being furnished to the Internal Revenue Service | 2021                                    | OMB NO. 1545-0008               | 1. WAGES, TIPS, OTHER COMPENSATION<br>29880.00   | 2. FEDERAL INCOME TAX WITHHELD<br>4280.98  |                   |          |
| B. EMPLOYER IDENTIFICATION NUMBER<br>04-3496741  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>078-39-6049                 |   |                                 | 3. SOCIAL SECURITY WAGES<br>29880.00   | 4. SOCIAL SECURITY TAX WITHHELD<br>1852.56 |                   |          |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>Beacon Hill Staffing Group, LLC<br>152 Bowdoin Street<br>Boston MA 02108                          |   |   |                                 | 5. MEDICARE WAGES AND TIPS<br>29880.00   | 6. MEDICARE TAX WITHHELD<br>433.26         |                   |          |
|  |   |   |                                 | 7. SOCIAL SECURITY TIPS  | 8. ALLOCATED TIPS                          |                   |          |
|  |   |   |                                 | 9.   | 10. DEPENDENT CARE BENEFITS                |                   |          |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Sai sindhu   |   | LAST NAME<br>Tedla                      | SUFF.                           | 11. NONQUALIFIED PLANS   | 12.a-d                                     |                   |          |
| 1600 W Blue Sage Dr Apt#3210<br>Peoria IL 61615<br>USA   |   |   |                                 | 14. OTHER  |  |                   |          |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE   |   |   |                                 | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |  |                   |          |
| 15. STATE<br>IL  | EMPLOYER'S STATE I.D. NO.<br>04-3496741 000 0                       | 16. STATE WAGES, TIPS, ETC.<br>29880.00 | 17. STATE INCOME TAX<br>1476.80 | 18. LOCAL WAGES, TIPS, ETC.  | 19. LOCAL INCOME TAX                       | 20. LOCALITY NAME |          |

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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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