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|--|--|---|--|-----------------------------------|--|
| b Employer's identification number 83-1507596 | | 2a See instructions for Box 12 | | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, and ZIP code INDIAN TADKA - PEORIA 7815 KNOXVILLE AVE PEORIA IL 61614 | | 1a \$ | | 8040.00 | 1566.00 |
| g Employee's first name and initial SAI SINDHU TEDLA 1600 W BLUE SAGE DR APT 3210 PEORIA IL 61615 | | 12b \$ | | 8040.00 | 498.48 |
| e Employee's first name and initial Last name 15546490 | | 12c \$ | | 8040.00 | 116.58 |
| f Employee's address and ZIP code 15 State Employer's state ID No. 16 State wages, tips, etc. 17 State income tax | | 12d \$ | | | |
| IL 83-1507596000 8040.00 398.94 | | Copy B To Be Filed with Employee's FEDERAL Tax Return | | 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 | | a Employee's soc. sec. no. 078-39-6049 | | 14 Other | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | |

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