	To Be Filed With Emplation is being funished to the	-			OMB No. 1545-0008		o Be Filed With Empl ncome Tax Return	oyee's State,	City,	
	ee's social security number		ther compensation	2. Fede	eral income tax withheld 11120.79	' '	e's social security number	1. Wages, tips	, other co	
	45659	3. Social secu	rity wages	4. Soc	sial security tax withheld		45659	3. Social sec	curity w	
	ver ID number (EIN) 307131	5. Medicare w		6. Med	dicare tax withheld	1 ' 1	er ID number (EIN)	5. Medicare		
	er's name, address, and	d ZIP code				1 ' 1	er's name, address, an	d ZIP code		
CodeIgnitors Inc						1 ~	CodeIgnitors Inc			
	Cirkwood Hwy NGTON, DE 19808						irkwood Hwy IGTON, DE 19808			
d. Control	number					d. Control	number			
e. Employ	vee's name, address, an	nd ZIP code				e. Employ	ee's name, address, ar	d ZIP code		
Shru	ıthi Chada					Shruthi Chada				
5024	1 STABLE RIDGE I	PL.				5024 STABLE RIDGE PL.				
GLEN	N ALLEN, VA 2305	59				GLEN :	ALLEN, VA 23059			
7. Social s	sial security tips 8. Allocated tips		9. V	9. Verification Code		security tips	3. Allocated tip	S		
10. Dependent care benefits 11.		Nonqualified plans		12a	12a. Code See inst. for Box 12		10. Dependent care benefits		11. Nonqualified plans	
13. Statutory employee 1		14. Other		12b	12b. Code		ory employee	14. Other		
Retirement plan				120	:. Code	Re	tirement plan			
Third-party sick pay				12d	I. Code	Third-party sick pay				
VA	30-823307131F-	-001 69916			1	VA	30-82330713			
15. State     Employer's state ID number     16. State wages, tips,       18. Local wages, tips, etc.     19. Local income tax     20. Locality name			17.State income tax	15. State 18. Local	<u>'</u>	number 9. Local incon	16. S ne tax			
			2004			, L				
Form W-2	2 Wage and Tax Stater	nent	2021 Departmen	t of the Tre	asury ~ Internal Revenue Service	Form W-2	2 Wage and Tax State	nent	2	
Copy CFo This informatio return, a neglig fail to report it.	or EMPLOYEE'S RECORDS on is being furnished to the Internal gence penalty or other sanction may	(See Notice to Em Revenue Service. If you be imposed on you if the	ployee.) are required to file a tax is income is taxable and you		OMB No. 1545-0008		o Be Filed With Empl	oyee's State,	City,	
a. Employee	e's social security number		ther compensation	2. Federal income tax withheld 11120.79		1		1. Wages, tips	, other co	
681945659		3. Social security wages 4. 69916.64		4. Soc	cial security tax withheld	681945659		3. Social security w		
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' '	e's social security number	1. Wages, tips,	. Wages, tips, other compensation 69916.64		2. Fed	Federal income tax withheld 11120.79		
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82-3307131		5. Medicare wages and tips 6.			6. Me	Medicare tax withheld 1013.79		
CodeIg	er's name, address, a gnitors Inc	nd ZIP code			•			
	irkwood Hwy IGTON, DE 19808							
d. Control	number							
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7. Social security tips 8		B. Allocated tips			9.	9. Verification Code		
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13. Statutory employee 1		4. Other			12	12b. Code		
Retirement plan					12	12c. Code		
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18. Local wages, tips, etc.		19. Local incom	20. Locality name					
Form W-2	2 Wage and Tax State	ment	20	<b>)21</b> Departm	nent of th	e Treasury ~ Internal Revenue Service		

fail to report it. a. Employee's social security number		3, , , ,		2. Fede	2. Federal income tax withheld			
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h Frankrii	er ID number (EIN)		3. Social security wages 69916.64		4. Social security tax withheld 4334.83			
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02-33	50/131		69916.64			1013.79		
	er's name, address, ar	nd ZIP code						
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	irkwood Hwy GTON, DE 19808							
d. Control	number							
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5024	STABLE RIDGE	PL.						
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Third-party sick pay					12d. Code			
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Form W-2	Wage and Tax State	ment c	2021	Departm	ent of th	e Treasury ~ Internal Revenue Service		

a. Employee's social security number		<ol> <li>Wages, tips, o</li> </ol>	other compensation	2. Fed	2. Federal income tax withheld		
681945659		1	69916.64	11120.79			
6819	45059	3. Social secu		4. Social sececutity tax withheld			
b. Employer ID number (EIN)		<u> </u>	69916.64	4334.83			
82-3	307131	•	vages and tips	6. Me	6. Medicare tax withheld		
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c. Employ	ver's name, address, a	nd ZIP code					
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	Kirkwood Hwy						
WILMIN	NGTON, DE 19808						
d. Control	Inumber						
. ,	/ee's name, address, a	nd ZIP code					
Shru	thi Chada						
5024	STABLE RIDGE	PL.					
GLEN	ALLEN, VA 230	59					
7. Social :	security tips	. Allocated tips			9. Verification Code		
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10. Deper	ndent care benefits	11. Nonqualified	plans	12	a. Code See inst. for Box 12		
10. Deper	ndent care benefits	11. Nonqualified	plans	12	a. Code See inst. for Box 12		
		11. Nonqualified	plans		a. Code See inst. for Box 12		
	ndent care benefits cory employee	· .	plans				
13. Statut	ory employee	· .	plans	12			
13. Statut		· .	plans	12	b. Code		
13. Statut	tory employee	· .	plans	12	b. Code c. Code		
13. Statut Re	ory employee	· .	plans	12	b. Code		
13. Statut	tory employee	14. Other		12	b. Code c. Code d. Code		
13. Statut Re	tory employee  tirement plan  d-party sick pay	14. Other 31F-001	69916	120	b. Code c. Code d. Code		
13. Statut Re Third VA 15. State	d-party sick pay  30-8233071	14. Other 31F-001	69916 16. State wages, tij	120 120 120 . 64	b. Code c. Code d. Code		

OMB No. 1545-0008