Copy B — To Be Filed With FEDERAL Tax Return	x Return Wage a		ement 1545-0008	Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 OMB No. Wage and Tax Statement 1545-000			
2021	1 Wages, tips, other	comp. 2 Federa 8856.54	l income tax withheld 8972.21	2021	1 Wages, tips, oth	88856.54 2 Fi	ederal incom-	e tax withheld 8972.2	
a Employee's SSN	3 Social security wa		security tax withheld	a Employee's SSN	3 Social security	wages 4 S	4 Social security tax withheld		
XXX-XX-7781		0814.18	6250.48 re tax withheld	b Employer ID No. (EIN)	5 Medicare wage	100814.18	ledicare tax v	6250,4	
b Employer ID No. (EIN) 13-0871985	5 Medicare wages a 10	0814.18 6 Medica	1461.81	13-0871985		100814.18	1461.81		
c Employer's name, address and INTERNATIONAL BUSIN 1701 NORTH ST BLDG 2 ENDICOTT, NY 13760	IESS MACHINES C	CORP.		c Employer's name, address INTERNATIONAL BU 1701 NORTH ST BLD ENDICOTT, NY 1376(	SINESS MACHINES G 256-1	CORP.			
d Control number 00004J5678 W11				d Control number 00004J5678 W11					
e — f Employee's name, address SANJAY K DALAI 659 COWBOYS PKWY APT 3091 IRVING, TX 75063	s and ZIP code	Doi:	ssued Statement	e—f Employee's name, add SANJAY K DALAI 659 COWBOYS PKW APT 3091 IRVING, TX 75063			Paissua	d Statement	
7 Social security tips	8 Allocated tips	9	ssued Statement	7 Social security tips	8 Allocated tips	9	Keissuet	a Statement	
10 Dependent care benefits	11 Nonqualified plan		See instr. for box 12	10 Dependent care benefits	11 Nonqualified	olans 12a		nstr. for box 12 67.6	
		rty sick pay 12b code	67.69	13 Statutory employee R		-party sick pay 12b	code		
14 Other	X	D 12c code	11957.64	14 Other	X	12c	code	11957.6	
		W 12d code	1589.58			-	code	1589.5	
5 State Employer's state ID no.	lan ou	DD	9252.12		1.0	0	State incom	9252.	
5 State Employer's state ID no.	16 State wages,	tips, etc. 17 State	income tax	15 State Employer's state ID	no. 16 State wa	ges, tips, etc. 17	State incon	ne tax	
8 Local wages, tips, etc.	19 Local income	tax 20 Locali	ty name	18 Local wages, tips, etc.	19 Local inc	come tax 20	Locality na	me	
		Form W-2		Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return Wa			Form W-2 ge and Tax Statement 1545-0		
	1 Wages, tips, other	No. 4 co. 700 level and a second contraction	I income tax withheld	2021	1 Wages, tips, o	other comp. 2		ome tax withh	
	3 Social security was	8856.54	8972.21 security tax withheld	a Employee's SSN	3 Social security	88856.54 Social security wages 4 Social		8972.2 al security tax withheld	
XXX-XX-7781		0814.18	6250.48	XXX-XX-7781	o occiai occiai	, ,		6250.	
	5 Medicare wages a		re tax withheld	b Employer ID No. (EIN)	5 Medicare wag		6 Medicare tax withheld		
13-0871985 Employer's name, address and			1461.81	13-0871985	985   100814.18   name, address and ZIP code		1461.		
INTERNATIONAL BUSIN 1701 NORTH ST BLDG 2 ENDICOTT, NY 13760	IESS MACHINES C	CORP.		INTERNATIONAL BU 1701 NORTH ST BLI ENDICOTT, NY 1376	JSINESS MACHINE DG 256-1	S CORP.			
d Control number 00004J5678 W11				d Control number 00004J5678 W11					
e — f Employee's name, address SANJAY K DALAI 659 COWBOYS PKWY APT 3091 IRVING, TX 75063	s and ZIP code	D.	issued Statement	e — f Employee's name, ad SANJAY K DALAI 659 COWBOY'S PKV APT 3091 IRVING, TX 75063			Dela	ad State	
7 Social security tips	8 Allocated tips	9	ssueu Statement	7 Social security tips	8 Allocated tips	9	Keissu	ed Statemer	
Dependent care benefits 11 Nonqualified plans 12a code C		See instr. for box 12 67,69	10 Dependent care benefits	11 Nonqualified		code See	instr. for box 1		
<u>-</u> . ,	ment plan Third-pa	arty sick pay 12b code	11957.64	13 Statutory employee F	Retirement plan Thir	d-party sick pay 12b		11057	
14 Other		12c code		14 Other	IVI	120	code	11957	
		W 12d code	1589.58				W code	1589.	
71.81		DD	9252.12				DD	9252	
5 State Employer's state ID no.	16 State wages	, tips, etc. 17 State	income tax	15 State Employer's state ID	no. 16 State w	ages, tips, etc. 17	State incor		
					the second				

Department of the Treasury — Internal Revenue Service

18 Local wages, tips, etc.