Copy B To Be F FEDERAL Tax R	iled with Emp	oloyee's	20	21	Copy	y 2 To Be Fi	iled W	ith Emp	oloyee's State		
FEDERAL IXX K		h a u a a u a u		IB No. 1545-0008	City,	or Local Inc					B No. 1545-0008
a Employee's SSN	1 Wages, tips, ot	ner comp. 13680.00	z Federa	al income tax withheld 2156.00		oloyee's SSN	1 vvag	jes, tips, ot	ther comp. 13680.00	2 Federa	l income tax withheld 2156.00
015-79-5376	3 Social security		4 Social	security tax withheld	015	-79-5376	3 Soci	al security		4 Social	security tax withheld
b Employer ID no. (EIN)		13680.00		848.16	b Empl	oyer ID no. (EIN)			13680.00		848.16
83 - 2807447 5 Medicare wages and tips 13680.00		6 Medica	Medicare tax withheld 198.36		83-2807447 S Med		Medicare wages and tips 13680.00		6 Medicare tax withheld 198.36		
c Employer's name, ad IT PANDITS	ldress, and ZIP cod S INC	de			c Emp	oloyer's name, ad 'PANDITS	ldress, a S IN	and ZIP cod IC	de	•	
222 CATOC	TIN CIR S	SE,			22	2 CATOC	TIN	CIR S	SE,		
LEESBURG			VA	20175	LE	ESBURG				VA	20175
d Control number					d Con	trol number					
e Employee's name, ac ADITYA REI 24329 PINI ALDIE	DDY KANTI	HALA	VA	Suff. 20105	AD 24	oloyee's name, ac DITYA REI 329 PINI DIE	DDY	KANTI	HALA	VA	suff. 20105
7 Social security tips	8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits 11 Nonqua	lified plans	12a C	ode See inst. for box 12	10 Depe	endent care bene	efits	11 Nonqua	alified plans	12a C	ode See inst. for box 12
13	14 Other		12b C	ode	13		14 01	ther		12b C	ode
Statutory employee			12c C	ada.	Statutory	employee				12c C	- d -
Retirement Plan			1200	ode	Retireme	ent Plan				1200	ode
Third-party sick pay			12d C	ode	Third-par	rty sick pay				12d C	ode
	7447F-001		80.00	700.00	VA	30-83280				30.00	700.00
15 State Employer's st	tate ID number	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's stat	te ID nur	mber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc	c. 19 Local in	ncome tax	20 Loca	ality name	18 Loca	al wages, tips, etc	C.	19 Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furni	x Statement ished to the Internal Re	evenue Service.	ı	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Stater	nent		1	Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C For EMPLOYEE'S RECORDS. 2021 (See Notice to Employees). OMB No. 1545-0008								
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
. ,	13680.00				2156.00			
015-79-5376	3 Soci	al security wages			4 Social security tax withheld			
b Employer ID no. (EIN)	13680.00				848.16			
	5 Medicare wages and tips				6 Medicare tax withheld			
83-2807447		13680.00			198.36			
c Employer's name, address, and ZIP code IT PANDITS INC								
222 CATOCTIN CIR SE,								
LEESBURG					7A	20175		
d Control number								
e Employee's name, address, and ZIP code Suff. ADITYA REDDY KANTHALA								
24329 PINE SPRINGS LANE								
ALDIE VA 20105								
7 Social security tips	8 Allocated tips							
10 Dependent care bene	11 Nonqualified plans			12a Code See inst. for box 12				
13	14 Ot	her			12b Code			
Statutory employee					12c Code			
Retirement Plan								
Third-party sick pay		12			12d Code			
VA 30-83280	F-001 1368			00	700.00			
15 State Employer's star	ber 16 State wages, tips			s, etc. 17 State income tax				
18 Local wages, tips, et	19 Local in	ncome tax	20 Lo	ocalit	y name			

Form W-2 Wage and Tax Statement

REV 12/17/21 QBDT

Copy 2 To Be Fi			, I	21 B No. 1545-0008			
a Employee's SSN	1 Wages, tips, otl	her comp.	2 Federal income tax withheld				
a Employee 5 cert		13680.00	2156.00				
015-79-5376	3 Social security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)		13680.00	848.16				
py -: (=y	5 Medicare wage	s and tips	6 Medicare tax withheld				
83-2807447		13680.00		198.36			
c Employer's name, ac IT PANDIT	S INC						
222 CATOC	IIN CIR S	oe,					
LEESBURG		VA	20175				
d Control number							
e Employee's name, ac ADITYA RES	DDY KANTI	HALA		Suff.			
ALDIE VA 20105							
7 Social security tips	8 Allocate	ed tips	9				
10 Dependent care bene	fits 11 Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Other		12b Code				
Statutory employee			12c C	nde			
Retirement Plan				120 0040			
Third north, siels nou			12d Cd	12d Code			
Third-party sick pay		1260					
VA 30-83280)7447F-001	1368	0.00	700.00			
15 State Employer's stat	e ID number	16 State wages, tip	s, etc. 17 State income tax				
18 Local wages, tips, et	c. 19 Local ir	ncome tax	20 Locality name				
	x Statement			Dept. of the Treasury - IR			