


		a Employee's social security number 112-15-8363		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 73-1685839				1 Wages, tips, other compensation 104128.48		2 Federal income tax withheld 12706.33					
c Employer's name, address, and ZIP code PRIDE TECHNOLOGIES - NEW YORK 420 LEXINGTON AVENUE SUITE 2220 NEW YORK, NY 10170 (212) 235-5300				3 Social security wages 106240.00		4 Social security tax withheld 6586.88					
				5 Medicare wages and tips 106240.00		6 Medicare tax withheld 1540.48					
				7 Social security tips		8 Allocated tips					
d Control number 12002				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. BHAVYA VEMURI 315 ANACORTES PL NE RENTON, WA 98059				11 Nonqualified plans		12a See instructions for box 12 D 2111.52					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other WAPFL 269.13		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

VBA **W-2 Wage and Tax Statement** **2021** Department of the Treasury—Internal Revenue Service
 Form **W-2** Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 112-15-8363		OMB No. 1545-0008							
b Employer identification number (EIN) 73-1685839				1 Wages, tips, other compensation 104128.48		2 Federal income tax withheld 12706.33					
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VBA **W-2 Wage and Tax Statement** **2021** Department of the Treasury—Internal Revenue Service
 Form **W-2** Statement
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return



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