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W-2 Wage State	eference Copy and Tax 2021 ement OMB No. 1545-0008	information on the g	your Earnings Summa generation of your W-2 s and other general in	statement. T		rd
d Control number Dept. 000054 RX/LT6	. Corp. Employer use only A 36					
DVG TECH SO 666 PLAINSBO SUITE 1010 PLAINSBORO,	DRO ROAD					=
T LAINSBORO,		1. Your Gross Pay was	adjusted as follows to p	roduce your W	-2 Statement.	
Batch #90620				ocial Security	Medicare Wages	OH. State Wages, Tips, Etc.
eff Employee's name, address SOWJANYA MARRE 8459 SUGAR MAPL UNIT-102 MASON, OH 45040 b Employee's FED ID number 45-2699169 1 Wages, tips, other comp. 95448, 65	a Employee's SSA number XXX-XX-9147 2 Federal income tax withheld	Gross Pay Less Other Cafe 125 Reported W-2 Wages	Box 1 of W-2 B 101,328.65 5,880.00 95,448.65	ox 3 of W-2 101, 328.65 5, 880.00 95, 448.65	Box 5 of W-2 101, 328.65 5, 880.00 95,448.65	Box 16 of W-2 101,328.65 5,880.00 95,448.65
3 Social security wages 95448.65 5 Medicare wages and tips 95448.65 7 Social security tips	4 Social security tax withheld 5917.82 6 Medicare tax withheld					
9	10 Dependent care benefits	2. Employee Name and	d Address.			
11 Nonqualified plans	12a See instructions for box 12 12b 12c 12c 12c 12d 13 Stat emp Ret. plan Dat party sick pay 13 State wages, tips, etc. 95448,65 18 Local wages, tips, etc. 20 Locality name	8459 SUC UNIT - 102 MASON,	OH 45040	RIVE		
1 Wages, tips, other comp.	2 Federal income tax withheld	← Fold and	2 Federal income tax wit	hheld 1 W	ages, tips, other comp	. 2 Federal income tax withhe
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d Control number Dept. 000054 RX/LT6	Corp. Employer use only A 36	d Control number Dept 000054 RX/LT6	A	36 0000	054 RX/LT6	ept. Corp. Employer use on A 36
DVG TECH SOLUTIONS LLC 666 PLAINSBORO ROAD SUITE 1010 PLAINSBORO, NJ 08536		c Employer's name, address, and ZIP code DVG TECH SOLUTIONS LLC 666 PLAINSBORO ROAD SUITE 1010 PLAINSBORO, NJ 08536		C E	c Employer's name, address, and ZIP code DVG TECH SOLUTIONS LLC 666 PLAINSBORO ROAD SUITE 1010 PLAINSBORO, NJ 08536	
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9	10 Dependent care benefits	g	10 Dependent care benefi	its 9		10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a	11 N	onqualified plans	12a
14 Other	12b 12c 12d 12d 13 Stat emp. Ret. plan 3rd party sick pay	14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd part	y sick pay	ther	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sici
of Employee's name address		e/f Employee's name, address			mployee's name, addre	ss and ZIP code
ef Employee's name, address and ZIP code SOWJANYA MARREDDI 8459 SUGAR MAPLE DRIVE UNIT-102		SOWJANYA MARREDDI 8459 SUGAR MAPLE DRIVE UNIT-102		SON	SOWJANYA MARREDDI 8459 SUGAR MAPLE DRIVE UNIT-102	

MASON, OH 45040

2897.62 19 Local income tax

18 Local wages, tips, etc.

20 Locality name

OH. State Reference Copy

W-2 Wage and Tax

2021

Copy 2 to be filled with employees State Income Tax Returns 18 to 1545-0000

15 State Employer's state ID no. 16 State wages, tips, etc. 95448.65

V-2 Wage and Tax 2021
Statement OUB No. 1545-0008

20 Locality name

MASON, OH 45040

MASON, OH 45040

15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-126919 7 95448.65
17 State income tax 18 Local wages, tips, etc.

OH. State Filing Copy
W-2 Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax
Return.

2897.62

18 Local wages, tips, etc.