Copy B To Be Filed with Employee's 2021 Copy 2 To Be Filed With Employee's State, 2021													
Copy B To Be Filed with Employee's FEDERAL Tax Return. 2021 OMB No. 1545-0008					City, or Local Income Tax Return. OMB No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, ot	her comp. 96999 . 96	2 Federa	l income tax withheld 14328.00	a Emp	oloyee's SSN	1 Wag	es, tips, o	ther comp. 96999.96	2 Federa	al income tax withheld 14328.00	
872-88-7538	3 Soci	al security		4 Social	security tax withheld	872	-88-7538	3 Soci	al security		4 Social	security tax withheld	
b Employer ID no. (EIN)			96999.96		6014.00	b Empl	loyer ID no. (EIN)			96999.96		6014.00	
77-0561842	5 Med	icare wage	s and tips 96999.96	6 Medica	are tax withheld 1406.50		0561842	5 Med	icare wag	es and tips 96999.96	6 Medica	are tax withheld 1406.50	
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC						c Employer's name, address, and ZIP code SRIVEN INFOSYS INC							
43-14, MAIN STREET 3RD FLOOR FLUSHING NY 11355					43-14, MAIN STREET 3RD FLOOR FLUSHING NY 11355								
d Control number					d Con	d Control number							
e Employee's name, address, and ZIP code Suff. SAIKIRAN GANDLA 4701 LAKE LAND DR APT # 17D FLOWOOD MS 39232					e Employee's name, address, and ZIP code Suff. SAIKIRAN GANDLA 4701 LAKE LAND DR APT # 17D FLOWOOD MS 39232								
7 Social security tips 8 Allocated tips		ed tips	9		7 Social security tips			8 Allocated tips		9			
10 Dependent care benefits		11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		fits 11 Nonqualified plans		12a C	ode See inst. for box 12	
13 14 Ot		ther		12b C	12b Code				14 Other		12b C	12b Code	
Statutory employee				12c C	12c Code		Statutory employee				12c C	ode	
Retirement Plan Third-party sick pay				12d C	12d Code		Retirement Plan Third-party sick pay				12d Code		
MS 7705618	342		9699	9.96	4500.00	MS	7705618	342		9699	99.96	4500.00	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
18 Local wages, tips, etc	c.	19 Local ii	ncome tax	20 Loca	ality name	18 Loc	al wages, tips, etc	0.	19 Local i	income tax	20 Localit	y name	
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS This information is being furnished to the Internal Revenue Service.													

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, c	ther comp.	2 Federa	2 Federal income tax withheld			
a Liliployee's 3314		96999.96	14328.00				
872-88-7538	3 Social security	/ wages	4 Social security tax withheld				
b Employer ID no. (EIN)		96999.96	6014.00				
b Employer ID No. (ENV)	5 Medicare wag	es and tips	6 Medicare tax withheld				
77-0561842		96999.96	1406.50				
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC 43-14, MAIN STREET							
3RD FLOOR							
FLUSHING			NY	11355			
d Control number							
e Employee's name, address, and ZIP code Suff. SAIKIRAN GANDLA 4701 LAKE LAND DR APT # 17D FLOWOOD MS 39232							
7 Social security tips	8 Alloca	ted tips	9				
10 Dependent care bene	efits 11 Nonqu	ualified plans	12a C	12a Code See inst. for box 12			
13	14 Other		12b C	12b Code			
Statutory employee			12c C	12c Code			
Retirement Plan							
Third-party sick pay			Code				
MS 7705618	342	9699	99.96	4500.00			
15 State Employer's sta	te ID number	16 State wages, tip	os, etc.	17 State income tax			
18 Local wages, tips, et	c. 19 Local	income tax	20 Locali	ty name			

REV 12/17/21 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021 OMB No. 1545-0008								
a Employee's SSN	1 Wages, tips, of	her comp.	2 Federal income tax withheld					
p,		96999.96	14328.00					
872-88-7538	3 Social security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)		96999.96	6014.00					
1.7 ,	5 Medicare wage	es and tips	6 Medicare tax withheld					
77-0561842		96999.96	1406.50					
c Employer's name, address, and ZIP code SRIVEN INFOSYS INC 43-14, MAIN STREET 3RD FLOOR FLUSHING NY 11355								
d Control number								
e Employee's name, address, and ZIP code SAIKIRAN GANDLA 4701 LAKE LAND DR APT # 17D FLOWOOD MS 39232								
7 Social security tips	8 Allocat	ed tips	9					
10 Dependent care bene	fits 11 Nonqu	alified plans	12a Code See inst. for box 12					
13	14 Other		12b Code					
Statutory employee			10.0					
Retirement Plan			12 c Co	12c Code				
Third-party sick pay			12d Co	12d Code				
MS 7705618	342	9699	9.96	4500.00				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income to								
18 Local wages, tips, etc		ncome tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								