Copy B—To Be Filed W	fith Employee's		Copy 2—To Be Filed W	ith Employee's State.	
FEDERAL Tax Return.	-	OMB No. 1545-0008	City, or Local Income T	ax Return	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 76975.60	2 Federal income tax withheld 11167.79	a Employee's soc. sec. no.	1 Wages, tips, other comp. 76975.60	2 Federal income tax withheld 11167.79
391-83-5299	3 Social security wages	4 Social security tax withheld	391-83-5299	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	76975.60	4772.48	b Employer ID number (EIN)	76975.60	4772.48
47-3842192	5 Medicare wages and tips 76975.60	6 Medicare tax withheld 1116.15	47-3842192	5 Medicare wages and tips 76975.60	6 Medicare tax withheld 1116.15
c Employer's name, address,		1110.13	c Employer's name, address,		1110.10
CONVERGENT IT S 8312 SHIMMERING Gainesville VA	G ROCK ROAD		CONVERGENT IT S 8312 SHIMMERING Gainesville VA	G ROCK ROAD	
d Control number		***************************************	d Control number		***************************************
000907005299008			000907005299008 • Employee's name, address, and ZIP code		
e Employee's name, address, and ZIP code KALYAN INTURI			Employee's name, address, and ZIP code KALYAN INTURI		
1	rescent Ct, Apt # 3	1133	-	rescent Ct, Apt #	1133
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 Ot	her INSURANCE 4439.40	12b Code	13 Statutory employee 14 Oth	ner INSURANCE 4439.40	12b Code
Retirement plan		12c Code	Retirement plan		12c Code
Third-party sick pay		12d Code	Third-party sick pay		12d Code
VA 30-473842192F-00	76975.6	0 3918.58	VA 30-473842192F-00	76975.6	3918.58
<u> </u>	ımber 16 State wages, tips, etc.	17 State income tax		ımber 16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Sta This information is being furnished	Bana, Hand Hann eshill	Dept. of the Treasury - IRS	Form W-2 Wage and Tax Sta	Itement 2021	Dept. of the Treasury - IR
		_			
Copy C — For EMPLOY! Notice to Employee on t	he back of Copy B.)	OMB No. 1545-0008	Copy 2—To Be Filed Wi City, or Local Income T	ax Return	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld

	the back of Copy B.)	1 1
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	76975.60	11167.79
391-83-5299	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	76975.60	4772.48
	5 Medicare wages and tips	6 Medicare tax withheld
47-3842192	76975.60	1116.15
c Employer's name, address	, and ZIP code	
CONVERGENT IT 8312 SHIMMERIN Gainesville VA		
d Control number 00090700529900	Ω	
e Employee's name, address		
KALYAN INTURI		
4464 Oakdale C Fairfax VA 220	rescent Ct, Apt # 3	9
, ,	'	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
	1	
13 Statutory employee 14 O		12b Code
, , ,	ther INSURANCE 4439.40	12b Code
13 Statutory employee Retirement plan	INSURANCE 4439.40	12b Code 12c Code
	INSURANCE 4439.40	
Retirement plan Third-party sick pay VA 30-473842192F-0	INSURANCE 4439.40 01 76975.6	12c Code 12d Code 0 3918.58
Retirement plan Third-party sick pay VA 30-473842192F-0 15 state Employer's state ID r	INSURANCE 4439.40 76975.6 16 State wages, tips, etc.	12c Code 12d Code 0 3918.58 17 State income tax
Retirement plan Third-party sick pay VA 30-473842192F-0	INSURANCE 4439.40 76975.6 16 State wages, tips, etc.	12c Code 12d Code 0 3918.58
Retirement plan Third-party sick pay VA 30-473842192F-0 15 State Employer's state ID r 18 Local wages, tips, etc.	101 76975.6 umber 16 State wages, tips, etc. 19 Local income tax	12c Code 12d Code 0 3918.58 17 State income tax 20 Locality name

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld				
	76975.60	11167.79				
391-83-5299	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	76975.60	4772.48				
	5 Medicare wages and tips	6 Medicare tax withheld				
47-3842192	76975.60	1116.15				
c Employer's name, address, and ZIP code						
CONVERGENT IT SOLUTIONS INC.						
8312 SHIMMERING ROCK ROAD						
Gainesville VA 20155						
d Control number						
000907005299008						
e Employee's name, address, and ZIP code						
KALYAN INTURI						
4464 Oakdale Crescent Ct, Apt # 1133						
	Fairfax VA 22030					
1		1				
7 Social acquirity time	• Allocated tips	l o				
7 Social security tips	8 Allocated tips	9				
,						
,	8 Allocated tips 11 Nonqualified plans	9 12a Code				
,	11 Nonqualified plans					
10 Dependent care benefits 13 Statutory employee 14 Other	11 Nonqualified plans	12a Code				
10 Dependent care benefits 13 Statutory employee 14 Other	11 Nonqualified plans	12a Code				
10 Dependent care benefits 13 Statutory employee	11 Nonqualified plans	12a Code 12b Code				
10 Dependent care benefits 13 Statutory employee	11 Nonqualified plans	12a Code 12b Code				
10 Dependent care benefits 13 Statutory employee I4 Oth I Retirement plan Third-party sick pay	11 Nonqualified plans er NSURANCE 4439.40	12a Code 12b Code 12c Code 12d Code				
10 Dependent care benefits 13 Statutory employee	11 Nonqualified plans er NSURANCE 4439.40	12a Code 12b Code 12c Code 12d Code				
10 Dependent care benefits 13 Statutory employee 14 Oth I Retirement plan Third-party sick pay VA 30-473842192F-001	11 Nonqualified plans er NSURANCE 4439.40	12a Code 12b Code 12c Code 12d Code 0 3918.58				
10 Dependent care benefits 13 Statutory employee 14 Other I Retirement plan Third-party sick pay VA 30-473842192F-001 15 State Employer's state ID nur	11 Nonqualified plans er NSURANCE 4439.40 76975.6	12a Code 12b Code 12c Code 12d Code 0 3918.58 17 State income tax				
10 Dependent care benefits 13 Statutory employee 14 Oth I I Retirement plan Third-party sick pay VA 30-473842192F-001 15 State Employer's state ID nur	11 Nonqualified plans er NSURANCE 4439.40	12a Code 12b Code 12c Code 12d Code 0 3918.58				
10 Dependent care benefits 13 Statutory employee 14 Other I Retirement plan Third-party sick pay VA 30-473842192F-001 15 State Employer's state ID nur	11 Nonqualified plans er NSURANCE 4439.40 76975.6	12a Code 12b Code 12c Code 12d Code 0 3918.58 17 State income tax				
10 Dependent care benefits 13 Statutory employee 14 Other I Retirement plan Third-party sick pay VA 30-473842192F-001 15 State Employer's state ID nur	er NSURANCE 4439.40 76975.6 mber 16 State wages, tips, etc.	12a Code 12b Code 12c Code 12d Code 0 3918.58 17 State income tax				

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