b Employer's Identification number c Employer's name, address, and ZIP code	1.	1 Wages, tips, other compensation	2 Federal income tax withheld 8676.00
V. L. S. SYSTEMS INC	\$ 12b	3 Social security wages	4 Social security tax withheld
4000 INDAVETTE CENTED DD CTE 200	\$ 12c	105000.00 5 Medicare wages and tips	6510.00 6 Medicare tax withheld
4080 LAFAYETTE CENTER DR STE 300	\$ 12d	105000.00 7 Social security tips	1522.50 8 Allocated tips
CHANTILLY VA 20151-1252	\$		•
Employee's first name and initial Last name 351012090	This information is being furnished to the Internal Revenue Service	9	10 Dependent care benefits
JITHENDRI YERVA		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
93 ORSTON ROAD	Copy B To Be Filed with Employee's FEDERAL	14 Other	
D1DC1DD1W1 371 00054	Tax Return	NJ SDI NJ SUI EE	493.50 138.47
PARSIPPANY NJ 07054	a Employee's soc. sec. no	NJ WORKFORCE	15.20
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. RE18 State income tax TEMENT	105-63-9914 18 Local wages, tips, etc.	NJ FLI 19 Local income tax	294.00 20 Locality name
NJ_ 521933864/000 105000.00 4749.96			
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	I Vith Employee's FEDERAL Tax Return
b Employer's Identification number c Employer's name, address, and ZIP code 52-1933864	12a See instructions for Box 12	1 Wages, tips, other compensation	
V. L. S. SYSTEMS INC	\$ 12b	105000.00 3 Social security wages	8676.00 4 Social security tax withheld
V. L. S. SISIEMS INC	\$	105000.00	6510.00
4080 LAFAYETTE CENTER DR STE 300	12c \$	5 Medicare wages and tips 105000.00	6 Medicare tax withheld 1522.50
CHANTILLY VA 20151-1252	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name		9	10 Dependent care benefits
351012090		11 Nonqualified plans	13 Statutory Retirement Third-party
JITHENDRI YERVA	Copy 2 for State, City, or Local Tax Departments		13 Statutory Retirement Third-party employee plan sick pay
93 ORSTON ROAD	Local Tax Departments	14 Other NJ SDI	493.50
PARSIPPANY NJ 07054		NJ SUI EE	138.47
f Employee's address and ZIP code	a Employee's soc. sec. no 105-63-9914	NJ WORKFORCE NJ FLI	15.20 294.00
15 State	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
REV 12/20/21 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 52–1933864	12a See instructions for Box 12	1 Wages, tips, other compensation	
t Employer's name, address, and zir code	\$ 12b	105000.00 3 Social security wages	8676.00 4 Social security tax withheld
V. L. S. SYSTEMS INC	l\$	105000.00	6510.00
4080 LAFAYETTE CENTER DR STE 300	12c	5 Medicare wages and tips 105000.00	6 Medicare tax withheld 1522.50
CHANTILLY VA 20151-1252	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
351012090		11 Nonqualified plans	12 0
JITHENDRI YERVA	Copy 2 for State, City, or	Tr Nongaumea plans	13 Statutory Retirement Third-party employee plan sick pay
93 ORSTON ROAD	Local Tax Departments	14 Other NJ SDI	493.50
PARSIPPANY NJ 07054		NJ SUI EE	138.47
DEICCHED CTATEMENT	a Employee's soc. sec. no 105-63-9914	NJ WORKFORCE NJ FLI	15.20 294.00
f Employee's address and ZIP code	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
h Employaria Idontification number	12a See instructions for Poy 12	la 18/ 4:4b	2 Federal income toy withhold
b Employer's Identification number c Employer's name, address, and ZIP code 52-1933864	12a See instructions for Box 12	1 Wages, tips, other compensation	8676.00
V. L. S. SYSTEMS INC	12b	3 Social security wages	4 Social security tax withheld
4000 INDIVERSE CENTED DD CHE 200	12c	105000.00 5 Medicare wages and tips	6510.00 6 Medicare tax withheld
4080 LAFAYETTE CENTER DR STE 300	\$ 12d	105000.00 7 Social security tips	1522.50 8 Allocated tips
CHANTILLY VA 20151-1252	\$	7 Social security tips	•
Employee's first name and initial Last name 351012090	This information is being furnished to the Internal Revenue Service. If you are	9	10 Dependent care benefits
JITHENDRI YERVA	required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
93 ORSTON ROAD	fail to report it. Copy C for Employee's	4.4. Othor	ріан зікк рау
REISSUED STATEMENT	Records (see notice to	NJ SDI	493.50
PARSIPPANY NJ 07054	Employee on back.)	NJ SUI EE	138.47
f Employee's address and ZIP code	a Employee's soc. sec. no	IND WORKFORCE.	15 711
175 Service Employer's state 17 No. 116 State wages time atc. 17 State income tay	a Employee's soc. sec. no 105-63-9914	NJ WORKFORCE NJ FLI	15.20 294.00
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax NJ		7	
NJ 521933864/000	105-63-9914	NJ FLI	294.00