

OMB# 1545-0008

COPY 2 - To Be Filed With
 Employee's State, City, or
 Local Income Tax Return

a Employee's social security number
 661-22-3383

1 Wages, tips, other compensation	2 Federal income tax withheld
92163.03	12572.00
3 Social security wages	4 Social security tax withheld
92163.03	5714.11
5 Medicare wages and tips	6 Medicare tax withheld
92163.03	1336.36

c Employer's name, address, and ZIP code
 KATALYST HEALTHCARES & LIFE SCIENCES INC
 SUITE 12
 285 DURHAM AVE
 SOUTH PLAINFIELD NJ 07090

e Employee's name
 HARSHAVARDHAN SATTINENI
 44 S. 5TH AVENUE, APT #2
 HIGHLAND PARK NJ 08904

f Employee's address and ZIP code	9	12a	\$
b Employer identification number (EIN) 81-4389781	10 Dependent care benefits	12b	\$
7 Social security tips	11 Nonqualified plans	12c	\$
8 Allocated tips	14 Other NU SUI NU SUI EE NU WORKFORCE NU FLI	12d	\$
13 Statutory Retirement employee plan	Third-party sick pay	12e	\$
15 State NJ	16 State wages, tips, etc. 814389781/000	17 State income tax	4306.54
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
 66122333000459412

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 SOUTH PLAINFIELD NJ 07090

e Employee's name
 HARSHAVARDHAN SATTINENI
 44 S. 5TH AVENUE, APT #2
 HIGHLAND PARK NJ 08904

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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 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
 661-22-3383

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 SUITE 12
 285 DURHAM AVE
 SOUTH PLAINFIELD NJ 07090

e Employee's name
 HARSHAVARDHAN SATTINENI
 44 S. 5TH AVENUE, APT #2
 HIGHLAND PARK NJ 08904

f Employee's address and ZIP code	9	12a	See instructions for box 12
b Employer identification number (EIN) 81-4389781	10 Dependent care benefits	12b	\$
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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
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OMB# 1545-0008

COPY C - For EMPLOYERS.
 RECORDS (see Wages to Employee
 on the back of Copy B) of the Internal Revenue Service. If you are required to file an information return, a copy of this portion of Form W-2 must be provided to the recipient.

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 661-22-3383

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 SOUTH PLAINFIELD NJ 07090

e Employee's name
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 44 S. 5TH AVENUE, APT #2
 HIGHLAND PARK NJ 08904

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Form W-2 Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service