FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • 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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.

If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

), CONTROL NUMBER	This information is being furnished to the	2021	OMB NO. 1545 - 000	1. WAGES, TIPS, OTHER, COM	66865.07	2. FEDERAL INCOME TAX WITHHELD	12326.02
Internal Revenue Service  B. EMPLOYER IDENTIFICATION NUMBER		A EMPLOYEE'S SOCIAL SECURITY NUMBER		3. SOCIAL SECURITY WAGES 69790.52		4. SOCIAL SECURITY TAX WITHHELD	4327.01
59-3417812 EMPLOYER'S NAME, ADDRES		297-8.	3-6639	5. MEDICARE WAGES AND TI	69790.52	6. MEDICARE TAX WITHHELD	1011.96
ANCHOR GLAS CORPORATION	S CONTAINER			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
SUITE 300 3001 N ROCKY POINT DRI		13. Statutory Employee	Retirement Third-Party Plan Sick Pay	9.		10. DEPENDENT CARE BENEFITS	
TAMPA, FL 3	D INITIAL LAST NAME		SUF	11. NONQUALIFIED PLANS		12. a-d D	2925.45
ARJUN AILEE 10980 OAK S	NI TREET NE APT 11 RG, FL 33716	07		14. OTHER		C DD	226.56
E EMPLOYEE'S ADDRESS AND 2	IP CODE	GES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, 1	TIPS, ETC. 19. LOCAL INCOM	IE TAX 20. LOCALITY NAME	
15. STATE EMPLOYER'S S	TATE I.D. NO. 16. STATE WA	3E3, 11F3, E10.					

D. CONTROL NUMBER	This information is being furnis	shed to the	OMB NO. 1545 - 0008	MB NO. 1545 - 0008		. WAGES, TIPS, OTHER, COMPENSATION 66865.07			12326.02	
B. EMPLOYER IDENTIFICATION		A. EMPLOYEE'S SO 297-83-	CIAL SECURITY NUMBER	3. SOCIA	L SECURITY WAGES	69790.52			4327.01	
59-3417812 C. EMPLOYER'S NAME, ADDRE	SS, AND ZIP CODE	5. MEDIC	ARE WAGES AND TIPS	69790.52	6. MEDICARE TAX WITHHELD 1011.					
ANGUOD CIASS CONTAINER CORPORATION					7. SOCIAL SECURITY TIPS 9.			8. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS		
					14. OTHER			C DD	226.56	
					SI PETERSD	01.07				
F. EMPLOYEE'S ADDRESS AND 15. STATE EMPLOYER'S	STATE I.D. NO. 16. S	TATE WAGES, TIPS, ETC	c. 17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ET	TC. 19. LOCAL INCOM		20. LOCALITY NAME		
		V or LOCAL tay re	eturn DD:	77			Dept. of th	e Treasury - Inter	rnal Revenue Serv	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

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FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER This information is being furnis		urnished to the	EMPLOYEE'S SOCIAL SECURITY NUMBER		1. WAGES, TIPS, OTHER, COMPENSATION 66865.07				2. FEDERAL INCOME TAX WITHHELD 12326.02		
	Internal Revenue Service  PLOYER IDENTIFICATION NUMBER  A EMPLOYEE'S SO				3. SOCIAL SECURITY WAGES 69790.52		4. SOCIAL SECURITY TAX WITHHELD				
59-3417812 297-83-6659					5. MEDIC	ARE WAGES AND TIPS	69790.52		6. MEDICARE TAX WITHHELD		
C. EMPLOYERS NAME, ADDRESS, AND APPLICATION ANCHOR GLASS CONTAINER CORPORATION SUITE 300					7. SOCIAL SECURITY TIPS			8. ALLOCATE	8. ALLOCATED TIPS		
3001 N ROCKY POINT DRI TAMPA, FL 33607					9.			10. DEPENDE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NON	QUALIFIED PLANS		12. a-d	D W	2925.45	
ARJUN AILEENI 10980 OAK STREET NE APT 1107 ST PETERSBURG, FL 33716					14. OTHER				C DD	226.56 6916.08	
								13. Statutory Employee	Retirement Plan	X Third-Party Sick Pay	
F. EMPLOYEE'S ADDRESS AND ZIP CODE			18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME			ME TAX	20. LOCALITY NAME				
15. STATE EMPLOYER'S S	TATE I.D. NO.	6. STATE WAGES, TIPS, E	10.	Tr. Olare meeting							