Copy B - For E	Employee's Fed	deral Incom	ne Tax Return	20	021	OMB No. 1545-0008		
a Employee's socia security number	L	es, tips, other comp. 119773.94		2 Federal income tax withheld 10138.92				
669-72-0124 3 Soci		al security wages 125177.90		4 Social security tax withheld 7761.06				
45-33094	8 8 5 Med	Medicare wages and tips 125177.90		6 Medicare tax withheld 1815.09				
120 Bish Ste 150 Brookfie d Control number N9776 27	ld, WI 530	005	COOPERATI	VE				
N28W2231	2 Foxwood , WI 53186	Lane		9 Advance El	C payment			
10 Dependent care benefits		1 Nonqualified plans						
12a C		81.18		/ee Retirement plan 3rd-party sick pay X				
D 12c DD 12d	5403.96 2403.28		14 Other NJSDI-E 317.45 NJWD-ES 6.35 UI/WF/SWF 147.52					
	N/A	l N	I/A	N/A				
15 State Employer's State ID#			16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, etc. N/A		19 Local income tax N / A		20 Locality name N / A				

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee	's State	e Income	Tax Return	[WI]	2021	OMB No. 1545-0008	
a Employee's social security number			773.94				
669-72-0124 3 b Employer ID number		3 Social security wages 125177.90			4 Social security tax withheld 7761.06		
45-3309488 5 Med		edicare wages and tips 125177.90		6 Medicare tax withheld 1815.09			
COMMON GROUND 120 Bishops Wa Ste 150 Brookfield, WI  d Control number N9776 276 e Employee's name, address, a Ramakrishna Po N28W22312 Foxw Waukesha, WI 5	530	05 de alli	COOPERAT:	IVE			
7 Social security tips	8 A	8 Allocated tips			9 Advance EIC payment		
10 Dependent care benefits	11	11 Nonqualified plans					
<sup>12a</sup> C	81.18		13 Statutory employee Retirement plan 3rd-party s			d-party sick pay	
12b D	540				I-E 317.45 -ES 6.35		
12c DD	2403.28		UI/WF/SWF 147.52				
WI 036-102777	7286	-	41348.07	1	33	394.56	
15 State Employer's State ID#		16 State wages, tips, etc.			17 State income tax		
18 Local wages, tips, etc. N/A		19 Local income tax N/A		20 Lo	20 Locality name N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy 2 - For Employee		[NJ]	_	-				
a Employee's social security number	1 Wage		s, tips, other comp. 119773.94		2 Federal income tax withheld 10138.92			
669-72-0124 b Employer ID number	3 Socia	3 Social security wages 125177.90		4 Social security tax withheld 7761.06				
45-3309488	5 Modic	5 Medicare wages and tips		6 Medicare tax withheld				
		125177.90		1815.09				
cEmployer's name, address, an COMMON GROUND 120 Bishops Wa Ste 150 Brookfield, WI	HEAL Y	THCARE	COOPERAT	IVE				
d Control number N9776 276								
e Employee's name, address, and ZIP code Ramakrishna Ponnapalli N28W22312 Foxwood Lane Waukesha, WI 53186								
7 Social security tips		8 Allocated tips		9 Adv	ance EIC payme	ent		
10 Dependent care benefits	11	11 Nonqualified plans						
12a C	C 81.18		13 Statutory employee Retirement plan 3rd-party sick pay  X					
D	D 5403		14 Other NJSD					
12c DD	2403.28			-ES 6.3 F/SWF 1	SWF 147.52			
12d								
NJ 453-309-488/00 FLI 453-309-488/00 15 State Employer's State ID#				17 Si	2575.46 189.10 17 State income tax			
18 Local wages, tips, etc.		19 Local income tax		20 Lo	20 Locality name			
N/A		N/A			N/A			
Form W-2 Wago and Tax State					D4 -	of the Treasury - IPS		

Form W-2 Wage and Tax Statement

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## 2021 OMB No. Copy C - FOR EMPLOYEE'S RECORDS ONLY 1545-0008 2 Federal income tax withheld a Employee's social 1 Wages, tips, other comp. security number 119773.94 10138.92 669-72-0124 3 Social security wages 4 Social security tax withheld 125177.90 7761.06 b Employer ID number 45-3309488 5 Medicare wages and tips 6 Medicare tax withheld 125177.90 1815.09 c Employer's name, address, and ZIP code COMMON GROUND HEALTHCARE COOPERATIVE 120 Bishops Way Ste 150 Brookfield, WI 53005 d Control number N9776 276 e Employee's name, address, and ZIP code Ramakrishna Ponnapalli N28W22312 Foxwood Lane Waukesha, WI 53186 9 Advance EIC payment 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a 13 Statutory employee Retirement plan 3rd-party sick pay C 81.18 Χ 12b 5403.96 D 14 Other NJSDI-E 317.45 NJWD-ES 6.35 12c 2403.28 DD UI/WF/SWF 147.52 12d FLI 453-309-488/000 189.10 NJ 453-309-488/000 2575.46 84549.46 036-1027777286 WΙ 41348.07 3394.56 15 State Employer's State ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name N/AN/AN/A

Form W-2 Wage and Tax Statement

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