Copy B To Be Filed W FEDERAL Tax Return		2021 OMB No. 1545-0008			
a Employee's social security number	1 Wages, tips, other comp. 123542.93	2 Federal income tax withheld 13107.02			
769-68-2001 b Employer ID number	3 Social security wages 141749.13	4 Social security tax withheld 8788, 45			
20-4094105	5 Medicare wages and tips 141749.13	6 Medicare tax withheld 2055.36			
c Employer's name, addres	s, and ZIP code				
Proliant Inc 1100 Abernat Atlanta, GA	hy Road Suite 100 30328	0			
d Control Number 3164 1031	Palis Ajosh J	1031			
e Employee's first name and initial Last name					
Ajosh J Pa 3155 Bayonet					
Marietta, GA f Employee's address, and	30068				
7 Social security tips	9 Verification Code				
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 18206.20			
13 Statutory employee 14	12b Code DD 6481.44				
Retirement plan X		12c Code			
Third-party sick pay		12d Code			
GA 2338295-	AC 123542.93	6801.40			
15 State Emplr.'s state I.D.	17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
Form W-2 Wage and Tax Sta This information is being furni	tement shed to the Internal Revenue Service	Dept. of the Treasury - IR			

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d Control Number 3164 1031		Palis Ajosh J	10	31		
e Employee's first name a	and initial	Last name				
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f Employee's address, and ZIP code 7 Social security tips 8 Allocated tips				9 Verification Code		
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13 Statutory employee	14 Other			2 b Code DD 6481.44		
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GA 2338295	A 2338295-AC		6801.4			
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18 Local wages, tips, etc. 19 Local income tax 20 Locality name						
Form W-2 Wage and Tax S	Statement	e IRS If you are required to	file a	Dept. of the Treasury - IRS		

penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 City, or	To Be Filed With Local Income Tax	Emplo Retu	oyee's State, rn		2021	OMB No. 1545-0008	Extra	Employee Co	ру
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13 Statutor	y employee 14 O	her		1	2b Code DD 648	1.44	13 Statu	tory employee	14 C
Retirem	ent plan X			1	2c Code		Retire	ement plan X	
Third-pa	rty sick pay			1	2d Code		Third	-party sick pay	
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