Copy B To Be Filed with Employee's 2021 FEDERAL Tax Return. OMB No. 1545-0008							Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021 OMB No. 1545-0008						
a Employee's SSN	1 Wag	jes, tips, ot		2 Federa	ll income tax with		a Emn	lovee's SSN	1 Wag	es, tips, o	ther comp.	2 Federa	al income tax withheld
' '			90408.77		1479	96.00	1 '	,			90408.77		14796.00
760-25-5528	3 Soci	al security		4 Social	security tax withh		760	-25-5528	3 Socia	al security		4 Social	security tax withheld
b Employer ID no. (EIN)			76501.57		474	13.10	h Emple	oyer ID no. (EIN)	1		76501.57		4743.10
	5 Med	icare wage		6 Medica	re tax withheld		1 '		5 Medi	icare wage	es and tips	6 Medica	are tax withheld
30-0476265			76501.57		110	9.27	30-	0476265			76501.57		1109.27
c Employer's name, ad SANN IT SO 459 HERNDO SUITE 18	DLUI	CIONS	INC				SA	loyer's name, ad NN IT SO 9 HERNDO ITE 18	TULC	IONS	INC		
HERNDON				VA	20170		HE	RNDON				VA	20170
d Control number							d Cont	rol number					
e Employee's name, ac ALIMASTAN 19131 GARI SAN ANTONI	SHA IBAL	ΙK		ТX	78259	Suff.	AL 19	loyee's name, ac IMASTAN 131 GARI N ANTONI	SHA IBAL	IK		ΤX	Suff. 78259
7 Social security tips		8 Allocate	ed tips	9			7 Socia	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	fits	11 Nonqua	lified plans	12a C	ode See inst. for	box 12	10 Depe	endent care bene	efits	11 Nonqu	alified plans	12a C	ode See inst. for box 12
13	14 0	ther		12b C	ode		13		14 Ot	her		12b C	ode
Statutory employee							Statutory	employee					
				12c C	ode		'					12c C	ode
Retirement Plan							Retireme	nt Plan					
				12d C	ode		L					12d C	ode
Third-party sick pay				1			Third-par	ty sick pay	<u> </u>			1	
15 State Employer's st	tate ID r	number	16 State wages, tip	os, etc.	17 State income	e tax	15 State	Employer's stat	e ID nur	nber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc	5 .	19 Local ir	ncome tax	20 Loca	ality name		18 Loca	al wages, tips, etc	c.	19 Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furni	x Stater shed to th	i ment ne Internal Re	venue Service.	<u> </u>	Dept. of the Trea	asury - IRS	Form W	/-2 Wage and Ta	ıx Stater	nent		I	Dept. of the Treasury - IR

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.

Copy C For EMPLOYEE'S RECORDS.

2021

Copy C For EMI		2021							
(See Notice to E					B No. 1545-0008				
a Employee's SSN	1 Wag	es, tips, ot		2 Federal income tax withheld					
, ,			90408.77	14796.00					
760-25-5528	3 Soci	al security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)			76501.57	4743.10 6 Medicare tax withheld					
	5 Med	icare wage	•						
30-0476265			76501.57	1109.27					
c Employer's name, ac SANN IT S 459 HERND	OLUT	'IONS	INC						
SUITE 18									
HERNDON				VA	20170				
d Control number									
e Employee's name, a ALIMASTAN 19131 GAR	SHA	IK			Suff.				
SAN ANTONIO TX 78259									
7 Social security tips		8 Allocate	ed tips	9					
10 Dependent care bene	efits	11 Nonqua	alified plans	12a Code See inst. for box 12					
13	14 O	her		12b Code					
Statutory employee									
Retirement Plan				12c Code					
real chieff i an				12d Code					
Third-party sick pay									
15 State Employer's sta	to ID nu	mbor	16 State wages, tij	as ete	17 State income tax				
18 Local wages, tips, et		19 Local ir		20 Locality name					
Form W-2 Wage and Ta	x Stater	Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS							

REV 12/17/21 QBDT

Copy 2 To Be Fi				, 202	21			
City, or Local Inc					B No. 1545-0008			
a Employee's SSN	1 Wag	es, tips, otl	her comp.	2 Federal income tax withheld				
			90408.77	14796.00				
760-25-5528	3 Soci	al security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)	76501.57			4743.10				
S Employer IS no. (Ent)	5 Medicare wages and tips			6 Medicare tax withheld				
30-0476265			76501.57	1109.27				
c Employer's name, ac SANN IT S 459 HERND	OLUI	'IONS	INC					
SUITE 18 HERNDON VA 20170								
d Control number								
e Employee's name, ac			de		Suff.			
19131 GAR	IBAL	DI WA	ΑY					
SAN ANTONIO TX 78259								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	efits	11 Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Ot	her		12b Code				
Statutory employee				12c Code				
Retirement Plan				12d Code				
Third-party sick pay								
15 State Employer's stat	e ID nur	nber	16 State wages, tip	-				
18 Local wages, tips, et	c.	19 Local ir	ncome tax	20 Locality	y name			
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS			