FEDERAL Tax Return	ith Employee's	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other con	np. 2 Fed. income tax withheld
803-19-0883	92593.	52 9584.25
	3 Social security wages	
b Employer ID number (EIN)	112093.	
39-0273710	5 Medicare wages and ti 112093.	
c Employer's name, address, American Family		nce Company, S.I.
6000 American B	?arkway	
Madison, WI 53	783-0001	
d Control number	MONOCO de la como de l	
e Employee's name, address Sakthibalan Bo		
212 Covington '	rrl	
Sun Prairie, W	I 53590-4681	
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 163,64
	Designation of the second seco	103.04
13 Statutory employee 14 O	ther	12b Code D 19500.00
13 Statutory employee 14 O	ther	12b Code
Retirement plan	ther	12b Code D 19500.00
Retirement plan	92593	12b Code D 19500.00  12c Code W 7199.92  12d Code DD 16290.00
Retirement plan X Third-party sick pay  WI 036-0000572635-01	92593	12b Code D 19500.00 12c Code W 7199.92 12d Code DD 16290.00
Retirement plan X Third-party sick pay	92593	12b Code D 19500.00 12c Code W 7199.92 12d Code DD 16290.00

This information is being furnished to the Internal Revenue Service

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Fed. income tax withheld 92593.52 9584.25 803-19-0883 3 Social security wages 4 Soc. sec. tax withheld b Employer ID number (EIN) 112093.52 6949.80 5 Medicare wages and tips 6 Medicare tax withheld 39-0273710 112093.52 1625.36 c Employer's name, address, and ZIP code American Family Mutual Insurance Company, S.I. 6000 American Parkway Madison, WI 53783-0001 d Control number e Employee's name, address and ZIP code Sakthibalan Boopathy 212 Covington Trl Sun Prairie, WI 53590-4681 7 Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 C 163.64 13 Statutory employee 14 Other 12b Code 19500.00 D Retirement plan 12c Code W 7199.92 12d Code Third-party sick pay DD 16290.00 WI 036-0000572635-01 92593.52 5374.04 5 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 19 Local income tax 18 Local wages, tips, etc. 20 Locality name

2021

Copy C - For EMP (See Notice Emplo		E'S	RECORDS		OMB No. 1545-0008
a Employee's soc. sec.	no.	1 V	Vages, tips, other comp.	2 Fee	d. income tax withheld
803-19-0883		92593.52		9584.25	
003-13-0003		3 S	ocial security wages	4 So	c. sec. tax withheld
b Employer ID number	(EIN)		112093.52		6949.80
39-0273710		5 N	ledicare wages and tips	6 Me	dicare tax withheld
	,		112093.52		1625.36
c Employer's name, ad			itual Insurance	Com	nantz G T
6000 Americ	_			Com	parry, b.r.
Madison, WI			-		
Madison, Wi	3376	- 6	.0001		
d Control number					
e Employee's name, ad Sakthibalan 212 Covingt Sun Prairie	Bool on T	pat rl	chy		
7 Social security tips		8 A	llocated tips	9 Ver	ification code
10 Dependent care bene	fits	11 1	Nonqualified plans	12a Code See inst. for box 12 C 163.64	
13 Statutory employee	14 Othe	-r		12b C	
. o outdony employee				D	19500.00
Retirement plan X				12c C	Code 7199.92
Third-party sick pay				12d C DD	Code 16290.00
WI 036-0000572635	-01		92593.52		5374.04
5 State Employer's state	ID no.		16 State wages, tips, etc.	17	State income tax
				cality name	
Form W-2 Wage and Tax	Statem	ent	2021	De	pt. of the Treasury IR

Copy 2 – To Be Fil City, or Local Inco			State,	OMB No	. 1545-0008
a Employee's soc. sec.	no.	1 Wages, tips, ot	her comp.	2 Fed. income	tax withheld
803-19-0883		92593.52			9584.25
005 15 0005		3 Social security	wages	4 Soc. sec. ta	x withheld
b Employer ID number	(EIN)	112	093.52		6949.80
39-0273710		5 Medicare wage 112	s and tips 2093.52	6 Medicare ta	x withheld 1625.36
c Employer's name, ad					
American Fa	-		surance	Company,	S.I.
6000 Americ	an Pa	rkway			
Madison, WI	5378	3-0001			
d Control number	diante formation 60 by quantity opens		************************		
e Employee's name, ac Sakthibalar 212 Covingt Sun Prairie	n Boop on Tr	athy 1	1	9 Verification of	ode
7 Social security tips		a Anocated tips		9 Verification C	oue
10 Dependent care bene	efits	11 Nonqualified p	lans	12a Code See inst. for box	
				C	163.64
13 Statutory employee	14 Other			12b Code D	19500.00
Retirement plan X				12c Code W	7199.92
Third-party sick pay				12d Code DD	16290.00
WI 036-0000572639	5-01		92593.52		5374.04
5 State Employer's state	e ID no.	16 State wag	es, tips, etc.	17 State ince	ome tax
18 Local wages, tips, etc	). T	19 Local income t	ax	20 Locality nam	е

Form W-2 Wage and Tax Statement

Form W-2 Wage and Tax Statement

To Do Ellad Mills Essalarenda Ot

2021

**1 BW24UP** 

Dept. of the Treasury -- IRS

Dept. of the Treasury - - IRS

## 2021 W-2 and EARNINGS SUMMARY

	ee Ret Vage a Stater	nd Tax	2021 OMB No. 1545-0008
Copy C for employee's reco	rds.		CMB 148: 1948 6666
d Control number	Dent	Corn	Employer use only

005597 CHIC/775 200501

650

Employer's name, address, and ZIP code LEMANS CORPORATION 3501 KENNEDY RD JANESVILLE WI 53546

Batch #03887

e/f Employee's name, address, and ZIP code

RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590-4681

b	Emplo	yer's FED ID number 39-1127445	а	Emplo		ee's SSA number XX-XX-0817
1	Wage	s, tips, other comp.	2	Feder	al	income tax withheld
		70554.97				11252.07
3	Social	I security wages	4	Socia	ls	security tax withheld
		70554.97				4374.41
5	Medic	are wages and tips	6	Medic	aı	e tax withheld
		70554.97				1023.05
7	7 Social security tips		8	Alloca	ate	ed tips
9			10	Depen	de	ent care benefits
11	Nonqu	ualified plans	12	a See in	str	uctions for box 12
14	Other		12			
1.7	Other		12		_	
			120			Ret. plan 3rd party sick pay
			13	Stat en	np.	net, plan ord party sick pay
15	State	Employer's state ID no	16	State	w	ages, tips, etc.
		036000059829904				70554.97
17	17 State income tax			Local	W	ages, tips, etc.
		4198.32				
19	19 Local income tax			Local	ity	name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	71,054.97	71,054.97	71,054.97	71,054.97
Less Medical FSA	500.00	500.00	500.00	500.00
Reported W-2 Wages	70,554.97	70,554.97	70,554.97	70,554.97

2. Employee Name and Address.

RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590-4681

© 2021 ADP, Inc.

1 Wages, tips, other comp. 70554.97			2 Federa		tax withheld 11252.07
3 Social security wages 70554.97			4 Social	security t	ax withheld 4374.41
5	Medicare wages and 705	6 Medica	are tax wit	hheld 1023.05	
d	Control number	Corp.	Employ	yer use only	
00	05597 CHIC/775	200501	1 A 6		
С	Employer's name,	address, a	nd ZIP cod	le	

LEMANS CORPORATION 3501 KENNEDY RD JANESVILLE WI 53546

b	Employer's FED ID number 39-1127445	a Employee's SSA number XXX - XX - 0817
7	Social security tips	8 Allocated tips
g		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/	f Employee's name, address a	and ZIP code

RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590-4681

15 State WI		Employer's state ID no. 036000059829904	16 State wages, tips, etc. 70554.97
17	State	income tax 4198.32	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

2 Federal income tax withheld 11252.07
4 Social security tax withheld 4374.41
6 Medicare tax withheld 1023.05
Corp. Employer use only
A 650
1

LEMANS CORPORATION 3501 KENNEDY RD JANESVILLE WI 53546

b	Employer's FED ID number 39-1127445	a Employee's SSA number XXX-XX-0817
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14 C	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
- 16	Employee's name, address a	June 7IB code

RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590-4681

	State VI	Employer's state ID no. 036000059829904	16 State wages, tips, etc. 70554.97
17	State	income tax	18 Local wages, tips, etc.
		4198.32	
19	Local	income tax	20 Locality name

WI.	State Referenc	e Cop	У
14/-2	Wage and Tax	21	121
WW Z	Wage and Tax Statement	OMB N	5. 1545-0008

						Charles and the second
1	Wages, tips, other comp. 70554.97			Federa	l income	tax withheld 11252.07
3	3 Social security wages 70554.97			Social security tax withheld 4374.41		
5	5 Medicare wages and tips 70554.97			Medica	are tax wi	thheld 1023.05
d	Control number	Dept.		Corp.	Empl	oyer use only
00	5597 CHIC/775	200501			Α	650

Employer's name, address, and ZIP code

LEMANS CORPORATION 3501 KENNEDY RD JANESVILLE WI 53546

b	Employer's FED ID number 39-1127445	a Employee's SSA number XXX-XX-0817	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a	
14	Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick par	
- 4	Femployee's name address	and 7IP code	

RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590-4681

Ĕ				
E MOH	15 State WI	Employer's state ID no. 036000059829904	16	State wages, tips, etc. 70554.97
000	17 State		18	Local wages, tips, etc.
1		4198.32		
100	19 Local	income tax	20	Locality name

Wl.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

BOOPATHY, SAKTHIBALAN

## STATE OF WISCONSIN **REAL ESTATE PROPERTY TAX BILL FOR 2021**

CITY OF SUN PRAIRIE DANE COUNTY

SAKTHIBALAN BOOPATHY RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590 **BILL NUMBER: 28201951** 

IMPORTANT: Correspondence should refer to parcel number.
See reverse side for important information.
Be sure this description covers your property. This description is for property tax bill only and may not be a full legal description.

5732145 5182213 5099741 4308826 SEC 11, T 08 N, R 10 E, SW4 of NE4 PLAT: 078220-GOLDEN MEADOWS ACRES: 0.164

BLOCK/CONDO: LOT 143

GOLDEN MEADOWS LOT 143

Property Address: 212 COV	INGTON TRL		Parcel #: 0: Alt. Parcel #:	810-111-4953-2		
Assessed Value Land 61,300	Ass'd. Value Improvements 352,700	Total Assessed Value 414,000	Ave. Assmt. Ratio 0.9381	Net Assessed Value (Does NOT reflect cred		0.021774388
Est. Fair Mkt. Land 65 , 300	Est. Fair Mkt. Improvements 376,000	Total Est. Fair Mkt. 441,300	A Star in this box means Unpaid Prior Year Taxes	School taxes reduce school levy tax cre		\$ 822.40
Taxing Jurisdiction  DANE COUNTY CITY OF SUN PRAIRIE SUN PRAIRIE SCHOOL DIST MADISON TECH COLLEGE	40	te Aids	te Aids 20	1,209.21 2,950.58 4,586.27 364.45	2021 Net Tax 1,285.81 3,031.68 4,338.55 358.56	2.78 -5.48
Total	First Dolla	r Credit Gaming Credit	,910,079	9,110.51 90.51 221.82 8,798.18	9,014.60 87.09 308.89 8,618.62	-3.8% 39.3%
Make Check Payable to: CITY OF SUN PRAIRIE TREASURER 300 E MAIN STREET SUN PRAIRIE WI 53590		\$8,741 st installment Due On or Be \$4,277	. 62 efore January 31, 2022	Net Property Tax RECYCLING REFUSE		8,618.62 48.00 75.00
And Second Installment Payment Pays DANE COUNTY TREASURER T ADAM GALLAGHER PO BOX 1299	able To And S	\$4,463	.75			
MADISON WI 53701-1299		MENT ANCE		TOTAL DUE FOI Pay By January 31, 20	22	<b>NT</b> 41.62
FOR INFORMATIONAL PURPOSES ONI Voter Approved Temporary Tax Increase Faxing Jurisdiction SUN PRAIRIE SCHOOL DIST SUN PRAIRIE SCHOOL DIST	10	Fotal Additional Taxes Applied to Property 233.32 501.77	Year ncrease Ends 2036 2041	Warning: If not paid by and total tax is delinquer penalty. Failure to		nd, if applicable,
					E RETURN LOV	

CITY OF SUN PRAIRIE TREASURER 300 E MAIN STREET SUN PRAIRIE WI 53590

Check For Billing Address Change.

SAKTHIBALAN BOOPATHY RAMYA KALIYAMOORTHY 212 COVINGTON TRL SUN PRAIRIE WI 53590

REAL ESTATE PROPERTY TA	X	BILL	. FOR	2021
-------------------------	---	------	-------	------

Bill #:

28201951

Parcel #:

0810-111-4953-2

Alt. Parcel #:

**Total Due For Full Payment** Pay to Local Treasurer By Jan 31, 2022

\$8,741.62

## OR PAY INSTALLMENTS OF:

1ST INSTALLMENT
Pay to Local Treasurer
\$4,277.87
BY January 31, 2022

2ND INSTALLMENT Pay to County Treasurer \$4,463.75 BY July 31, 2022

	FOR TREASURERS USE ONLY
PAYMENT	
BALANCE	
DATE	