b Employer's Identification number 20-0104555	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	37890.72	5232.72
	12b	3 Social security wages	4 Social security tax withheld
THOUGHTWAVE SOFTWARE AND SOLUTIONS INC		37890.72	2349.22
	\$		
314 N LAKE ST	120	5 Medicare wages and tips	6 Medicare tax withheld
STE 6	\$	37890.72	549.42
	12d	7 Social security tips	8 Allocated tips
AURORA IL 60506	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
115268	I his information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRASHANTH VENKATAIAHGARI	Copy B To Be Filed with		employee plan sick pay
9040 CAMBER LN		14 Other	
APT 4202	Employee's FEDERAL	14 Other	
	Tax Return		
FORT WORTH TX 76177	a Employee's soc. sec. no		
	819-24-8581		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax			20 Locality name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax NY 200104555 37890.72 1976.68	18 Local wages, tips, etc.	19 Local income tax	
		+	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Conv B To Be Filed V	/ith Employee's FEDERAL Tax Return
2021 Separation of the nearly-internal Revenue Service	Gille # 1545-0006	Copy B To Be Thed V	The Employee's reperced tax return

b Employer's Identification number 20-0104555	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-01045555	s	37890.72	5232.72
	12b	3 Social security wages	4 Social security tax withheld
THOUGHTWAVE SOFTWARE AND SOLUTIONS INC			2349.22
	\$	37890.72	
314 N LAKE ST	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	37890.72	549.42
STE 6	12d	7 Social security tips	8 Allocated tips
AURORA IL 60506			
	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
115268			
110100		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
PRASHANTH VENKATAIAHGARI	Copy 2 for State, City, or		employeé plan sick pay
	Local Tax Departments		
9040 CAMBER LN	•	14 Other	
APT 4202			
FORT WORTH TX 76177	a Employee's soc. sec. no		
	819-24-8581	-	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax NY 200104555 37890.72 1976.68	18 Local wages, tips, etc.	T9 Local Income tax	
		+	
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments

REV 01/11/22 OSP

b Employer's Identification number 20-0104555	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-0104555	\$	37890.72	5232.72
THOUGHTWAVE SOFTWARE AND SOLUTIONS INC	12b	3 Social security wages	4 Social security tax withheld
INCOOLINAVE BOFTWARE AND BOLOTIONS INC	 \$	37890.72	2349.22
314 N LAKE ST	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	37890.72	549.42
STE 6	12d	7 Social security tips	8 Allocated tips
AURORA IL 60506	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
115268			
PRASHANTH VENKATAIAHGARI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
9040 CAMBER LN	Local Tax Departments	14 Other	
APT 4202			
FORT WORTH TX 76177	a Employee's soc. sec. no		
f Employee's address and ZIP code	819-24-8581		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY 200104555 37890.72 1976.68			
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 20-0104555	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	37890.72	5232.72
THOUGHTWAVE SOFTWARE AND SOLUTIONS INC	12b	3 Social security wages	4 Social security tax withheld
INCOMPARE SOFTWARE AND SOLUTIONS INC	\$	37890.72	
314 N LAKE ST	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	37890.72	549.42
STE 6	12d	7 Social security tips	8 Allocated tips
AURORA IL 60506	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
115268	Internal Revenue Service. If you are required to file a tax return, a negligence		
PRASHANTH VENKATAIAHGARI	penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
	on you if this income is taxable and you fail to report it.		employee plan sick pay
9040 CAMBER LN	Copy C for Employee's	14 Other	
APT 4202	Records (see notice to		
	Employee on back.)		
FORT WORTH TX 76177	a Employee's soc. sec. no		
f Employee's address and ZIP code	819-24-8581		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY 200104555 37890.72 1976.68		\bot	
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service

Copy C For Employee's Records