

| Copy B--To Be Filed With Employee's FEDERAL Tax Return | | | OMB No. 1545-0008 | | |
|--|------------------------------------|---------------------------------|----------------------|--|--|
| This information is being furnished to the Internal Revenue Service. | | | | | |
| a. Employee's social security number | 1. Wages, tips, other compensation | 2. Federal income tax withheld | | | |
| 182028981 | 87589.00 | 14223.80 | | | |
| b. Employer ID number (EIN) | 3. Social security wages | 4. Social security tax withheld | | | |
| | 87589.00 | 5430.52 | | | |
| 37-1795098 | 5. Medicare wages and tips | 6. Medicare tax withheld | | | |
| | 87589.00 | 1270.04 | | | |
| c. Employer's name, address, and ZIP code SP TECH RESOURCES INC 525 ROUND ROCK WEST DR #A185 ROUND ROCK, TX 78681 | | | | | |
| d. Control number | | | | | |
| e. Employee's name, address, and ZIP code MANOJ ALLE 3001 Colonial Parkway Apt #9104 CEDAR PARK, TX 78613 | | | | | |
| 7. Social security tips | 8. Allocated tips | 9. Verification Code | | | |
| | | | | | |
| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 | | | |
| | | | | | |
| 13. Statutory employee | 14. Other | 12b. Code | | | |
| | | 12c. Code | | | |
| | | 12d. Code | | | |
| Retirement plan | | | | | |
| Third-party sick pay | | | | | |
| 15. State | Employer's state ID number | 16. State wages, tips, etc. | 17. State income tax | | |
| | | | | | |
| 18. Local wages, tips, etc. | 19. Local income tax | 20. Locality name | | | |
| | | | | | |

Form W-2 Wage and Tax Statement **2021** Department of the Treasury - Internal Revenue Service

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return | | | OMB No. 1545-0008 | | |
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| a. Employee's social security number | 1. Wages, tips, other compensation | 2. Federal income tax withheld | | | |
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| 7. Social security tips | 8. Allocated tips | 9. Verification Code | | | |
| | | | | | |
| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 | | | |
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| 13. Statutory employee | 14. Other | 12b. Code | | | |
| | | 12c. Code | | | |
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| Retirement plan | | | | | |
| Third-party sick pay | | | | | |
| 15. State | Employer's state ID number | 16. State wages, tips, etc. | 17. State income tax | | |
| | | | | | |
| 18. Local wages, tips, etc. | 19. Local income tax | 20. Locality name | | | |
| | | | | | |

Form W-2 Wage and Tax Statement **2021** Department of the Treasury - Internal Revenue Service

| Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.) | | | OMB No. 1545-0008 | | |
|--|------------------------------------|---------------------------------|----------------------|--|--|
| 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. | | | | | |
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| d. Control number | | | | | |
| e. Employee's name, address, and ZIP code MANOJ ALLE 3001 Colonial Parkway Apt #9104 CEDAR PARK, TX 78613 | | | | | |
| 7. Social security tips | 8. Allocated tips | 9. Verification Code | | | |
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| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 | | | |
| | | | | | |
| 13. Statutory employee | 14. Other | 12b. Code | | | |
| | | 12c. Code | | | |
| | | 12d. Code | | | |
| Retirement plan | | | | | |
| Third-party sick pay | | | | | |
| 15. State | Employer's state ID number | 16. State wages, tips, | 17. State income tax | | |
| | | | | | |
| 18. Local wages, tips, etc. | 19. Local income tax | 20. Locality name | | | |
| | | | | | |

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| Retirement plan | | | | | |
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| 15. State | Employer's state ID number | 16. State wages, tips, | 17. State income tax | | |
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