b Employer's Identification number 82-1053236	12a See instructions for Box 12		2 Enderel income tax withhold
b Employer's Identification number c Employer's name, address, and ZIP code	12a See Instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and Zir Code	\$	52856.75	
BPG SYSTEMS LLC	12b	3 Social security wages	4 Social security tax withheld
BPG SISTEMS LLC	\$	14248.00	883.38
	12c	5 Medicare wages and tips	6 Medicare tax withheld
408 JOHNSTONE CT	\$	14248.00	206.60
	12d	7 Social security tips	8 Allocated tips
LEXINGTON SC 29072	\$		
e Employee's first name and initial Last name	_	9	10 Dependent care benefits
15828770	This information is being furnished to the Internal Revenue Service		
KUSUMALATHA KATAPALLY		11 Nongualified plans	13 Statutory Retirement Third-party
RUSUMALAINA RAIAPALLI	Copy B To Be Filed with		employee plan sick pay
10816 TIGERTON LN			
	Employee's FEDERAL	14 Other	
	Tax Return		
CHARLOTTE NC 28269	Tux Hotum		
CHARLOITE NC 28269	a Employee's soc. sec. no	1	
	203-27-8660		
f Employee's address and ZIP code			
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
NC 601350449 52856.75 2443.00			
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Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
	\$	52856.75	6953.50
BPG SYSTEMS LLC	12b	3 Social security wages	4 Social security tax withheld
BPG SISIEMS LLC	\$	14248.00	883.38
408 JOHNSTONE CT	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	14248.00	206.60
	12d	7 Social security tips	8 Allocated tips
LEXINGTON SC 29072	Is		
e Employee's first name and initial Last name		9	10 Dependent care benefits
15828770			
KUSUMALATHA KATAPALLY	Copy 2 for State, City, or Local Tax Departments	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
10816 TIGERTON LN	Local Tax Departments	14 Other	
CHARLOTTE NC 28269 f Employee's address and ZIP code	a Employee's soc. sec. no 203–27–8660		
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
NC 601350449 52856.75 2443.00			
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

REV 01/06/22 OSP

b Employer's Identification number 82-1053236	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code 82-1053236	\$	52856.75	6953.50
BPG SYSTEMS LLC	12b	3 Social security wages	4 Social security tax withheld
	ls	14248.00	883.38
408 JOHNSTONE CT	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	14248.00	206.60
	12d	7 Social security tips	8 Allocated tips
LEXINGTON SC 29072	\$		
e Employee's first name and initial Last name	-	9	10 Dependent care benefits
15828770			
KUSUMALATHA KATAPALLY	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
10816 TIGERTON LN	Local Tax Departments	14 Other	
CHARLOTTE NC 28269			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	203-27-8660		
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
NC 601350449 52856.75 2443.00			
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

b Employer's Identification number 82-1053236	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	52856.75	6953.50
BPG SYSTEMS LLC	12b	3 Social security wages	4 Social security tax withheld
DIG DIDIEND DEC	\$	14248.00	883.38
408 JOHNSTONE CT	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	14248.00	206.60
	12d	7 Social security tips	8 Allocated tips
LEXINGTON SC 29072	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
15828770	Internal Revenue Service. If you are required to file a tax return, a negligence		
KUSUMALATHA KATAPALLY		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
10816 TIGERTON LN	Copy C for Employee's Records (see notice to	14 Other	
CHARLOTTE NC 28269	Employee on back.)		
f Employee's address and ZIP code	203-27-8660		
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
NC 601350449 52856.75 2443.00		L	
		<b></b> _	
Form W-2 Wage and Tax Statement 0001 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	•	Copy C For Employee's Records