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|--|---------------------------------------|--|--|--|----------------------------|-------------------------|
| a Employee's SSN 886-92-7039 | | b Employer identification number (EIN) 27-3844563 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038 | | 1 Wgs, tips, other compn 79311.78 | 2 Fed inc tax withheld 12328.00 | 3 Social security wages 79311.78 | | |
| | | 4 SS tax withheld 4917.33 | 5 Medicare wages & tips 79311.78 | 6 Medicare tax withheld 1150.02 | | |
| | | 7 Social security tips | 8 Allocated tips | 9 | | |
| d Control number | | 10 Depdnt care benefits | 11 Nonqualified plans | 12a | | |
| e Employee's name, address, and ZIP code Suff. DILIP KUMAR NOMULA 135 NORTH NATHAN LANE # S219 PLYMOUTH MN 55441 | | 13 Statutory employee <input type="checkbox"/> | 14 Other | 12b | | |
| | | Retirement plan <input type="checkbox"/> | | 12c | | |
| | | Third-party sick pay <input type="checkbox"/> | | 12d | | |
| 15 State MN | Employer's state ID number 5984804 | 16 State wages, tips, etc 79311.78 | 17 State income tax 4739.00 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

REV 12/17/21 QBDT

Department of the Treasury — IRS

Form **W-2**
Wage and Tax Statement
2021

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

| | | | | | | |
|--|------------------------------------|--|--|--|----------------------------|-------------------------|
| a Employee's SSN 886-92-7039 | | b Employer identification number (EIN) 27-3844563 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038 | | 1 Wgs, tips, other compn 79311.78 | 2 Fed inc tax withheld 12328.00 | 3 Social security wages 79311.78 | | |
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| e Employee's name, address, and ZIP code Suff. DILIP KUMAR NOMULA 135 NORTH NATHAN LANE # S219 PLYMOUTH MN 55441 | | 13 Statutory employee <input type="checkbox"/> | 14 Other | 12b | | |
| | | Retirement plan <input type="checkbox"/> | | 12c | | |
| | | Third-party sick pay <input type="checkbox"/> | | 12d | | |
| 15 State MN | Employer's state ID No. 5984804 | 16 State wages, tips, etc 79311.78 | 17 State income tax 4739.00 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

REV 12/17/21 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

Form **W-2**
Wage and Tax Statement
2021

| | | | | | | |
|--|------------------------------------|---|--|--|----------------------------|-------------------------|
| a Employee's SSN 886-92-7039 | | b Employer identification number (EIN) 27-3844563 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP code IDOL SOFT INC 1300 W. WALNUT HILLS LANE SUITE # 155E IRVING TX 75038 | | This information is being furnished to the IRS. 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. | | | | |
| | | 1 Wgs, tips, other compn 79311.78 | 2 Fed inc tax withheld 12328.00 | 3 Social security wages 79311.78 | | |
| | | 4 SS tax withheld 4917.33 | 5 Medicare wages & tips 79311.78 | 6 Medicare tax withheld 1150.02 | | |
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| Third-party sick pay <input type="checkbox"/> | 12d | | | | | |
| 15 State MN | Employer's state ID No. 5984804 | 16 State wages, tips, etc 79311.78 | 17 State income tax 4739.00 | 18 Local wages, tips, etc | 19 Local income tax | 20 Locality name |

REV 12/17/21 QBDT

Form **W-2**
Wage and Tax Statement
2021

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)