<b>a</b> Employee's SSN 793-48-4193	<b>b</b> Employer identification net	umber (EIN) $42 - 163$	31761	OMB No. 1545-0008
C Employer's name, address, and ZIP code NATSOFT CORPORATION	1 Wgs, tips, other compn 87933.74	2 Fed inc tax withheld 11748.00	3 Social security wages 87933.74	Form <b>W-2</b>
27 WORLD FAIR DRIVE	4 SS tax withheld 5451.89	5 Medicare wages & tips 87933.74	6 Medicare tax withheld 1275.04	Wage and Tax
SOMERSET NJ 08873	7 Social security tips	8 Allocated tips	9	Statement
d Control number	<b>10</b> Depdnt care benefits	11 Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code Suff.	13 Statutory employee	14 Other	12b	
SANDEEP KAMADI			12c	Copy B To Be Filed with Employee's FEDERAL
149 PORTLAND AVE APT 71	Retirement plan			Tax Return This information is being
DOVE NH 03820	Third-party sick pay		12d	furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1	7 State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	20 Locality name

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REV 12/17/21 QBDT

Department of the Treasury — IRS

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d Control number	<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	Copy 2 To Be
SANDEEP KAMADI 149 PORTLAND AVE APT 71			12c	Filed With Employee's State,
DOVE NH 03820	Retirement plan • •		12d	City, or Local Income Tax Return.
15 State Employer's state ID No. 16 State wages, tips, etc 1	7 State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

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<b>a</b> Employee's SSN 793-48-4193	<b>b</b> Employer identification n	OMB No. 1545-0008		
<b>C</b> Employer's name, address, and ZIP code NATSOFT CORPORATION	This information is being furn other sanction may be impos	gligence penalty or		
	1 Wgs, tips, other compn 87933,74	2 Fed inc tax withheld 11748.00	<b>3</b> Social security wages 87933.74	Form <b>W-2</b>
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d Control No.				Statement
	<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	12a	2021
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
	Statutory employee -			0
SANDEEP KAMADI			12c	Copy C For EMPLOYEE'S
149 PORTLAND AVE APT 71	Retirement plan			RECORDS.
DOVE NH 03820	_		12d	(See Notice to
	Third-party sick pay			Employee.)
15 State Employer's state ID No. 16 State wages, tips, etc 17	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
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