

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

c Employer's name, address, and ZIP code
 INSURANCE SERVICES OFFICE, INC
 545 WASHINGTON BLVD
 JERSEY CITY NJ 07310

e Employee's name, address, and ZIP code
 MONIKA GADDIPATI
 30 NEWPORT PKWY
 APT# 306
 JERSEY CITY NJ 07310

7 Social security tips	1 Wages, tips, other comp. 87699.87	2 Federal income tax withheld 14195.21
8 Allocated tips	3 Social security wages 93052.37	4 Social security tax withheld 5769.25
9	5 Medicare wages and tips 93052.37	6 Medicare tax withheld 1349.26
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 28.50
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other Medical 1725.36 Vision 59.04	12b D 5352.50 12c DD 7531.92 12d
b Employer identification number (EIN) 13-3131412		
a Employee's social security no. 695-29-8965		
15 State NJ Employer's state I.D. no. 133131412000	16 State wages, tips, etc. 89484.27	17 State income tax 3943.92
	18 Local wages, tips, etc.	19 Local income tax 250.48
		20 Locality name FLI

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0008

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

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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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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

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