Copy B — To Be Filed With Employee's FEDERAL Tax Return. 41-0852411 OMB No. 1545-0008 a Employee's soc. sec. no. Wages, tips, other comp. 71306.08 10307.52 065-61-8743 75016.81 **b** Employer ID number (EIN) 4651.04 5 Medicare wages and tips 6 Medicare tax withheld 85-3978722 1087.75 75016.81 c Employer's name, address, and ZIP code Prestige PEO III LLC 538 Broadhollow Rd - Suite 311 Melville, NY 11747 d Control number Employee's name, address, and ZIP code CHAITANYA KRISHNA NADIPALLY 1000 STATION DR APT 1026 Avenel, NJ 07001 7 Social security tips 8 Allocated tips 0.00 0.00 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 С 35.04 13 Statutory employee **2b** Code 3710.73 D NJFLI 213.59 12c Code NJSDI 358.35 DD 11810.51 Third-party sick pay **12d** Code NJUI/WF/SWF 153.83 W 1662.50 NY 85-3978722 71306.08 4043.50 16 State wages, tips, etc 19 Local income tax 17 State income tax 20 Locality name 15 State Employer's state ID number 18 Local wages, tips, etc. Dept. of the Treasury -- IRS Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

| Copy 2 – To Be Filed State, City, or Local 1                  |                   |                     |                      | 41-0852411<br>OMB No. 1545-0008      |  |  |  |
|---|-------------------|---------------------|----------------------|--------------------------------------|--|--|--|
| a Employee's soc. sec. no.                                    | 1 Wages           | , tips, other comp. |                      | 2 Federal income tax withheld        |  |  |  |
| 065-61-8743   | 20 : 1            | 713                 | 10307.52             |                                      |  |  |  |
| Employer ID number (EIN)                                      | 3 Social s        | security wages 750  | 16.81                | Social security tax withheld 4651.04 |  |  |  |
| 85-3978722  | 5 Medica          | are wages and tips  | 16.81                | 6 Medicare tax withheld 1087.75      |  |  |  |
| c Employer's name, address,                                   | and ZIP code      |                     | 10.01                | 1007.73                              |  |  |  |
| Prestige PEO III L  |                   |                     |                      |                                      |  |  |  |
| 538 Broadhollow F   |                   | 311                 |                      |                                      |  |  |  |
| Melville, NY 11747  | 7                 |                     |                      |                                      |  |  |  |
| Control number  |                   |                     |                      |                                      |  |  |  |
| 1000 STATION DF<br>Avenel, NJ 07001<br>7 Social security tips |                   | 26                  |                      | 19                                   |  |  |  |
| , ,   | 0.00              | mocated ups         | 0.00                 |                                      |  |  |  |
| <b>10</b> Dependent care benefits                             | 11                | Nonqualified plans  |                      | 12a Code<br>C 35.04                  |  |  |  |
| 3 Statutory employee  | 14 Other  NJFLI 2 | 213.59              |                      | 12b Code<br>D 3710.73                |  |  |  |
| Retirement plan   | NJSDI             | 358.35              | 12c Code DD 11810.51 |                                      |  |  |  |
| Third-party sick pay  | NJUI/W            | VF/SWF 153.83       |                      | <b>12d</b> Code<br>W 1662.50         |  |  |  |
| NY 85-3978722   |                   |                     | 71306                | 6.08 4043.5                          |  |  |  |
| 15 State Employer's state I.I                                 | ). number         | 16 State wages, tip | s, etc.              | 17 State income tax                  |  |  |  |
| 18 Local wages, tips, etc.                                    | 19                | Local income tax    |                      | 20 Locality name                     |  |  |  |
| Form W-2 Wage and Tax S                                       | Statement         | 2021                |                      | Dept. of the Treasury IR             |  |  |  |

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|--|--|---|
| Employee's soc. sec. no.   | 1 Wages, tips, other comp.   | 2 Federal income tax withheld   |
| 065-61-8743  | 71300  |   |
| Employer ID number (EIN)   | 3 Social security wages 75016  | 4 Social security tax withheld 4651.04  |
| 85-3978722   | 5 Medicare wages and tips<br>75016   | 6 Medicare tax withheld 1087.75   |
| Employer's name, address,  |  |   |
| Prestige PEO III L   | LC   |   |
| 538 Broadhollow I  | Rd - Suite 311   |   |
| Melville, NY 1174  | 7  |   |
| Control number   |  |   |
| e Employee's name, address   | s, and ZIP code  | Suff.   |
|  | SHNA NADIPALLY   |   |
|  |  |   |
| 1000 STATION D   | R APT 1026   |   |
|  |  |   |
| A N.I.07004  |  |   |
| Avenel, NJ 07001   |  |   |
| 7 Social security tips   | 8 Allocated tips   | 9   |
| 7 Social security tips   | 3.00 8 Allocated tips  | 0.00  |
| ' Social security tips   | 8 Allocated tips   | 12a Code See inst. for box 12   |
| <ul> <li>Social security tips</li> <li>Dependent care benefits</li> </ul>  | 3.00 8 Allocated tips  | 0.00  |
| Social security tips  C  Dependent care benefits   | 3.00 8 Allocated tips 11 Nonqualified plans  | 12a Code See inst. for box 12<br>C 35.04  |
| O Dependent care benefits  Statutory employee  | 3.00 8 Allocated tips 0.00 (11 Nonqualified plans  | 12a Code See inst. for box 12<br>C 35.04  |
| O Dependent care benefits  Statutory employee  | 3.00 8 Allocated tips 11 Nonqualified plans  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73   |
| O Dependent care benefits Statutory employee Retirement plan   | 0.00 8 Allocated tips 0.00 11 Nonqualified plans 14 Other NJFLI 213.59 NJSDI 358.35  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code                                  |
| 7 Social security tips C 0 Dependent care benefits C 13 Statutory employee Retirement plan   | 3.00 8 Allocated tips 11 Nonqualified plans 14 Other NJFLI 213.59  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51  |
| Opendent care benefits Statutory employee Retirement plan X Third-party sick pay   | 0.00 8 Allocated tips 11 Nonqualified plans 14 Other NJFLI 213.59 NJSDI 358.35 NJUI/WF/SWF 153.83  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code                                  |
| 7 Social security tips  C 10 Dependent care benefits  13 Statutory employee  Retirement plan  X  Third-party sick pay  NY  85-3978722                      | 0.00 8 Allocated tips 11 Nonqualified plans 14 Other NJFLI 213.59 NJSDI 358.35 NJUI/WF/SWF 153.83  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code<br>W 1662.50<br>71306.08 4043.50 |
| 7 Social security tips C 0 Dependent care benefits L3 Statutory employee Retirement plan X Third-party sick pay NY 85-3978722 5 State Employer's state 1.0 | 0.00 8 Allocated tips 11 Nonqualified plans 14 Other NJFLI 213.59 NJSDI 358.35 NJUI/WF/SWF 153.83  | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code<br>W 1662.50<br>71306.08         |
| 7 Social security tips  C 10 Dependent care benefits  1.3 Statutory employee  Retirement plan  X  Third-party sick pay  NY  85-3978722                     | 8 Allocated tips 0.00 11 Nonqualified plans 14 Other NJFLI 213.59 NJSDI 358.35 NJUI/WF/SWF 153.83 0. number 16 State wages, tips, etc.   | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code<br>W 1662.50<br>71306.08 4043.50 |
| 7 Social security tips  (10 Dependent care benefits  13 Statutory employee  Retirement plan  X  Third-party sick pay                                       | 8 Allocated tips   0.00   11 Nonqualified plans   14 Other   NJFLI 213.59   NJSDI 358.35   NJUI/WF/SWF 153.83   0. number   16 State wages, tips, etc.   19 Local income tax   19 Local income tax   19 Local income tax   10 Other   10 Other | 12a Code See inst. for box 12<br>C 35.04<br>12b Code<br>D 3710.73<br>12c Code<br>DD 11810.51<br>12d Code<br>W 1662.50<br>71306.08 4043.50 |

Copy C - For EMPLOYEE'S RECORDS (See

| a Emplo   | yee's soc. sec. no.  | 1 Wages,     | 1 Wages, tips, other comp.    |          |      |                                      | 2 Federal income tax withheld |            |  |  |
|---|----------------------|--------------|-------------------------------|----------|------|--------------------------------------|-------------------------------|------------|--|--|
| 065-61-8743   |                      |              |                               | 71306.08 |      |                                      | 10                            | 307.52     |  |  |
| 065-61-8743   |                      | 3 Social s   | 3 Social security wages 4     |          |      | 4 Social security tax withheld       |                               |            |  |  |
| <b>b</b> Emplo  | yer ID number (EIN)  |              |                               | 75016.81 |      |                                      | 4                             | 1651.04    |  |  |
| 85-3  | 978722               | 5 Medicar    |                               |          |      | 6 Medicare tax withheld              |                               |            |  |  |
|   |                      |              | 75016.81                      |          |      | 1087.75                              |                               |            |  |  |
| c Emplo   | yer's name, address, | and ZIP code |                               |          |      |                                      |                               |            |  |  |
| Pres  | stige PEO III L      | LC           |                               |          |      |                                      |                               |            |  |  |
| 538   | Broadhollow F        | d - Suite    | 311                           |          |      |                                      |                               |            |  |  |
| Mel   | /ille, NY 11747      | •            |                               |          |      |                                      |                               |            |  |  |
|   | I number             |              |                               |          |      |                                      |                               |            |  |  |
| <b>u</b> Coniic   | Trumber              |              |                               |          |      |                                      |                               |            |  |  |
| e Emplo   | yee's name, address  | and ZIP code | !                             |          |      |                                      |                               | Suff.      |  |  |
| СНА   | ITANYA KRIS          | HNA NAE      | DIPALLY                       |          |      |                                      |                               |            |  |  |
|   |                      |              |                               |          |      |                                      |                               |            |  |  |
| 1000  | STATION DR           | APT 102      | 6                             |          |      |                                      |                               |            |  |  |
| Aver  | nel, NJ 07001        |              |                               |          |      |                                      |                               |            |  |  |
|   | security tips        | 8 All        | ocated tips                   |          | 9    |                                      |                               |            |  |  |
|   | 0                    | .00          |                               | 0.00     |      |                                      |                               |            |  |  |
| 10 Dependent care benefits  |                      | 11 N         | 11 Nonqualified plans         |          |      | Code                                 |                               |            |  |  |
|   |                      |              |                               |          | С    |                                      | 35.04                         |            |  |  |
|   |                      | 14 Other     | Other<br>NJFLI 213.59         |          |      | Code                                 | 3710.73                       |            |  |  |
|   |                      | NJFLI 2      |                               |          |      | Code                                 | 37 10.73                      |            |  |  |
| X   | sitt platt           | NJSDI 3      | JSDI 358.35                   |          |      | D                                    | 11810.5                       | 1          |  |  |
| Third-pa  | rty sick pay         |              |                               |          |      | Code                                 |                               |            |  |  |
|   |                      | NJUI/W       | NJUI/WF/SWF 153.83            |          |      | V                                    | 1662.50                       |            |  |  |
| NY  | 85-3978722           |              |                               | 71306    | 80.8 |                                      |                               | 4043.50    |  |  |
|   |                      |              |                               |          |      |                                      |                               |            |  |  |
| 15 State Employer's state I.D. numb<br>18 Local wages, tips, etc. |                      | number       | er 16 State wages, tips, etc. |          |      | 17 State income tax 20 Locality name |                               |            |  |  |
| 20001   |                      |              |                               | •        |      |                                      |                               |            |  |  |
|   |                      |              |                               |          |      |                                      |                               |            |  |  |
| Form W-   | 2 Wage and Tax Sta   | tement       |                               | 2021     |      |                                      | Dept. of the Tre              | easury IRS |  |  |
| L4UP  |                      |              |                               |          |      |                                      |                               | 520        |  |  |

Copy 2 - To Be Filed With Employee's State,

City, or Local Income Tax Return.

41-0852411

OMB No. 1545-0008

41-0852411

## Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2c. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See the instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee, below.)

## Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of

your tax return.

Box 5. You may be required to report this amount on Form 8959,
Additional Medicare Tax. See the instructions for Forms 1040 and
1040-SR to determine if you are required to complete Form 8959,
Box 6. This amount includes the 1.45% Medicare Tax withheld on all
Medicare vages and tips shown in box 5, as well as the 0.9%.
Additional Medicare Tax on any of those Medicare wages and tips

Additional Medicare Tax on any of those Medicare wages and tips

Additional Medicare Tax on any of those Medicare wages and tips

Additional Medicare randon ...., above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip income, with your income tax return to report at least the allocated by amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount on ween if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filling Form 4137, your social security flag will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxab

Box 11. This amount is (a) reported in box 1 if it is a distribution nade to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Security and Medicare taxes this year became taxable for Social Security and Medic and taxes they see became tax there is no longer a substantly and Medic of forfeiture of your right to the deferent. This box shouldn't be sold if you made a deferral and a distribution in the same called year. If you made a deferral and a distribution in the same callendar year for you made a deferral and or the same callendar year, you made you want to you are of will be age of Social Security Administration and give you want of the same called your sold in the same called your property sold property sold your property sold property s

Box 12. The following list explains the codes shown in box 12. You Box 12. The following lat explains the codes shown in box 12 may need this information to codes shown in box 12 may need this individual to the codes (A.B. E. B. E. and early all pales) are generally limited to a total of \$19,500 (\$13.50 it is 10.00 to 10

However, if you were at least age 50 in 2021, your employer n have allowed an additional deferral of up to \$6,500 (\$3,000 for have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(17) and 408(p) SIMPE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR

Note, If a year follows code D through H. S. Y. AA. BB. or EE. you nade a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and on Form 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR. or 1040-SR. See the Instructions for Forms 1040 and 1040-SR. C—Taxable cost of group-term life insurance over \$550,000 (included in boxes 1, 3 (up to the social security wage base), and 5) D—Elective deferratis to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. E—Elective deferrals under a section 403(b) salary reduction

agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP. G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L-Substantiated employee business expense reimbursements

Instructions for Forms 1040 and 1040-SR.

P.—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q.—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R.—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Gare Insurance Contracts.

S.—Employee salary reduction contributions under a section 408(p) SIMPLE plain (not included in box 1).

T.—Adoption benefits (not included in box 1). Complete Form 8839, Custified Adentice Expenses to execute and trackles and

Qualified Adoption Expenses, to compute any taxable and

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to y health savings account. Report on Form 8889, Health Saving alth savings account. Report on Form 8889, Health Sa counts (HSAs). –Deferrals under a section 409A nonqualified deferred

Y—Defe compensation plan

compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 437(b) leal n This amount does not apply to contributions under a STAD leal not section 437(b) leal n This amount does not apply to contributions under a

457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. FF—Permitted benefits under a qualified small employer health

reimbursement arrangement.

GG—Income from qualified equity grants under section 83(i).

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year.

Box 13. If the 'Reitement plan' box is checked, special limits may

apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement ents (IRAs).

Arrangements (IRAs). Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad refilement (IRRT) compensation, Tier 1 shis box to report railroad refilement (IRRT) compensation, Tier 1 tax. Tier 2 tax. Medicare tax and Additional Medicare Tax. Includ orted by the employee to the employer in railroad retirement

Included in Box 14, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act. Specifically, up to six types of paid qualified sick leave wages or qualified family leave wages may be reported in Box 14:

ick leave wages subject to the \$511 per day limit paid for leave ken after December 31, 2020, and before April 1, 2021, because

taken after December عارضی ... و of care you recylined;
Sick leave wages subject to the \$200 per day limit paid for leave taken after December 31, 2020, and before April 1, 2021, because

of care you provided to another:
Emergency family leave wages paid for leave taken after
December 31, 2020, and before April 1, 2021;
Sick leave wages subject to the \$511 per day limit paid for leave
taken after March 31, 2021, and before October 1, 2021, because
of care you required;
Sick leave wages subject to the \$200 per day limit paid for leave

Sick leave wages subject to the \$200 per day limit paid for leave taken after March 31, 2021, and before October 1, 2021, because of care you provided to another; and
-Emergency family leave wages paid for leave taken after March
31, 2021, and before October 1, 2021.

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credits, you must report the qualified sick leave or qualified maily leave wages on form 7202, Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals, included with your income tax return, and may have to reduce (but not below zero) any qualified sick leave or qualified family leave equivalent credits by the amount of these qualified leave wages. If you have self-employment income, you should refer to the instructions for your individual income tax return for more information.

Note: Keep Copy C of Form W-2 for at least 3 years after the du date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security henefits, just in case there is a question about your work record and/or earnings in a particular year.