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|--|--|---|--|---------------------------------|-----------------------------------|--|
| b Employer's Identification number c Employer's name, address, and ZIP code | | 56-2633028 NETWORK OBJECTS INC 7709 SAN JACINTO PL UNIT 201 PLANO TX 75024 | | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | | 1172900 SANJIVAN CHIMANGAONKAR 2300 BARRINGTON RD HOFFMAN ESTATES IL 60169 | | DD \$ 2688.60 | 40871.99 | 2312.68 |
| | | | | 12b \$ | 3 Social security wages | 4 Social security tax withheld |
| | | | | | 40871.99 | 2534.06 |
| | | | | 12c \$ | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | | 40871.99 | 592.64 |
| | | | | 12d \$ | 7 Social security tips | 8 Allocated tips |
| | | | | | | |
| e Employee's first name and initial Last name | | 1172900 | | 9 | | 10 Dependent care benefits |
| | | | | 11 Nonqualified plans | | 13 Statutory employee Retirement plan Third-party sick pay |
| | | | | 14 Other | | |
| f Employee's address and ZIP code | | | | a Employee's soc. sec. no | | |
| 15 State Employer's state I.D. No. | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. |
| IL 56-2633028000 | | 40871.99 | | 2023.16 | | 19 Local income tax |
| | | | | | | 20 Locality name |
| | | | | | | |

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

| | | | | | | |
|--|--|---|--|---------------------------------|-----------------------------------|--|
| b Employer's Identification number c Employer's name, address, and ZIP code | | 56-2633028 NETWORK OBJECTS INC 7709 SAN JACINTO PL UNIT 201 PLANO TX 75024 | | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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| | | | | 12d \$ | 7 Social security tips | 8 Allocated tips |
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| e Employee's first name and initial Last name | | 1172900 | | 9 | | 10 Dependent care benefits |
| | | | | 11 Nonqualified plans | | 13 Statutory employee Retirement plan Third-party sick pay |
| | | | | 14 Other | | |
| f Employee's address and ZIP code | | | | a Employee's soc. sec. no | | |
| 15 State Employer's state I.D. No. | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. |
| IL 56-2633028000 | | 40871.99 | | 2023.16 | | 19 Local income tax |
| | | | | | | 20 Locality name |
| | | | | | | |

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 STATE, CITY, or LOCAL Tax Departments

REV 01/11/22 OSP

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|--|--|---|--|---------------------------------|-----------------------------------|--|
| b Employer's Identification number c Employer's name, address, and ZIP code | | 56-2633028 NETWORK OBJECTS INC 7709 SAN JACINTO PL UNIT 201 PLANO TX 75024 | | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | | 1172900 SANJIVAN CHIMANGAONKAR 2300 BARRINGTON RD HOFFMAN ESTATES IL 60169 | | DD \$ 2688.60 | 40871.99 | 2312.68 |
| | | | | 12b \$ | 3 Social security wages | 4 Social security tax withheld |
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| e Employee's first name and initial Last name | | 1172900 | | 9 | | 10 Dependent care benefits |
| | | | | 11 Nonqualified plans | | 13 Statutory employee Retirement plan Third-party sick pay |
| | | | | 14 Other | | |
| f Employee's address and ZIP code | | | | a Employee's soc. sec. no | | |
| 15 State Employer's state I.D. No. | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. |
| IL 56-2633028000 | | 40871.99 | | 2023.16 | | 19 Local income tax |
| | | | | | | 20 Locality name |
| | | | | | | |

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 STATE, CITY, or LOCAL Tax Departments

| | | | | | | |
|--|--|---|--|---------------------------------|-----------------------------------|--|
| b Employer's Identification number c Employer's name, address, and ZIP code | | 56-2633028 NETWORK OBJECTS INC 7709 SAN JACINTO PL UNIT 201 PLANO TX 75024 | | 12a See instructions for Box 12 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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| f Employee's address and ZIP code | | | | a Employee's soc. sec. no | | |
| 15 State Employer's state I.D. No. | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. |
| IL 56-2633028000 | | 40871.99 | | 2023.16 | | 19 Local income tax |
| | | | | | | 20 Locality name |
| | | | | | | |

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records