Copy B To Be F FEDERAL Tax R	eturn.	· ·			B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	come	Tax Rei		OME	3 No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	ner comp. 34441.19		l income tax withheld 4856.00	a Emp	oloyee's SSN	1 Wag	es, tips, ot	her comp. 34441.19	2 Federa	l income tax withheld 4856.00
269-27-2801	3 Soci	al security			security tax withheld	269	-27-2801	3 Socia	al security	wages	4 Social	security tax withheld
<b>b</b> Employer ID no. (EIN)	5 Mod	icare wage	34441.19		2135.35	<b>b</b> Empl	oyer ID no. (EIN)	5 Modi	icaro wago	34441.19 es and tips	6 Modica	2135.35
82-0918369	J Wea		34441.19		499.40	82-	0918369	Jivieui	care waye	34441.19	• IVIEUICA	499.40
c Employer's name, ac TECHTOP S	ddress, a OLUT	ind ZIP cod 'IONS ,	e INC				oloyer's name, ad CHTOP SO					
39899 BAL	ENTI	NE DR	RIVE, ST	E 200		39	899 BALI	ENTI	NE DI	RIVE, STE	200	
NEWARK				CA	94560	NE	WARK				CA	94560
d Control number						<b>d</b> Con	trol number					
e Employee's name, a ARPITHA K 2702 SW B BENTONVIL	ONRE RAND	DDY		06 AR	suff. 72713	AR 27	oloyee's name, ac PITHA KO 02 SW BE NTONVILI	ONRE RAND	DDY	de R, APT 10	6 AR	Suff. 72713
7 Social security tips		8 Allocate	d tips	9		7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans	<b>12a</b> C	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	<b>12a</b> Co	ode See inst. for box 12
13	<b>14</b> Ot	her		<b>12b</b> C	ode	13		<b>14</b> Ot	her		<b>12b</b> Co	ode
Statutory employee				12c C	ode	Statutory	employee				<b>12c</b> Co	ode
Retirement Plan				12d C	- d-	Retireme	ent Plan				<b>12d</b> Cd	.de
Third-party sick pay				120 0	ode	Third-par	rty sick pay				120 00	ode
AR 8323579	93-W	HW	344	41.19	1852.81	AR	8323579	93-W	HW	3444	1.19	1852.81
15 State Employer's s	state ID r	umber	16 State wages,	tips, etc.	17 State income tax	15 State	Employer's stat	e ID nur	nber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, et	ic.	19 Local in	come tax	<b>20</b> Loca	ality name	18 Loca	al wages, tips, etc	С.	19 Local in	ncome tax	20 Locality	name
Form W-2 Wage and Ta This information is being furn	ax Stater	nent ne Internal Re	venue Service.	<u> </u>	Dept. of the Treasury - IR:	Form V	V-2 Wage and Ta	x Staten	nent		<u> </u>	Dept. of the Treasury - IR:
3												

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.

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). 2021  OMB No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, ot	her comp.	2 Federal income tax withheld				
, ,			34441.19	4856.00				
269-27-2801	3 Soci	al security	wages	4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)			34441.19	2135.35				
	5 Med	icare wage	s and tips	6 Medicare tax withheld				
82-0918369	34441.19			499.40				
c Employer's name, address, and ZIP code TECHTOP SOLUTIONS, INC 39899 BALENTINE DRIVE, STE 200								
NEWARK CA 94560								
d Control number								
e Employee's name, address, and ZIP code Suff.  ARPITHA KONREDDY  2702 SW BRANDON DR, APT 106  BENTONVILLE AR 72713								
7 Social security tips	8 Allocated tips			9				
10 Dependent care bene	efits 11 Nonqualified plans			12a Code See inst. for box 12				
13	<b>14</b> Ot	her		12b Code				
Statutory employee				12c Code				
Retirement Plan				126 6000				
				12d Code				
Third-party sick pay								
AR 8323579	93-W	HW	3444	1852.81				
15 State Employer's sta	te ID nur	os, etc. 17 State income tax						
18 Local wages, tips, et	c.	19 Local in	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IF								

REV 12/17/21 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021 OMB No. 1545-0008									
7.	1 Wages, tips, of		2 Federal income tax withheld						
a Employee's SSN		34441.19	4856.00						
269-27-2801	3 Social security	-	4 Social security tax withheld						
h Employer ID no. (EIN)	,	34441.19	2135.35						
<b>b</b> Employer ID no. (EIN)	5 Medicare wage	es and tips	6 Medicare tax withheld						
82-0918369		34441.19	499.40						
c Employer's name, address, and ZIP code TECHTOP SOLUTIONS, INC 39899 BALENTINE DRIVE, STE 200									
, i									
NEWARK CA 94560									
d Control number									
e Employee's name, address, and ZIP code Suff. ARPITHA KONREDDY 2702 SW BRANDON DR, APT 106 BENTONVILLE AR 72713									
7 Social security tips	8 Allocat	ea tips	9						
10 Dependent care bene	fits 11 Nonqu	alified plans	12a Code See inst. for box 12						
13	14 Other		12b Code						
Statutory employee			12c Code						
Retirement Plan			.25 5500						
Third-party sick pay			12d Code						
AR 8323579	3-WHW	3444	1.19 1852.81						
AK   03233773 WIIW   34441.19   103.									
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc	c. 19 Local i	ncome tax	20 Locality name						
Form W-2 Wage and Ta	Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								