| Copy B To Be F | Filed with Emp | oloyee's | 202 | 21 3 No. 1545-0008 | Cop | y 2 To Be F | iled W | /ith Emp | oloyee's S | tate, |
|---|---------------------------------------|------------------------|----------------------------------|-------------------------------|---------------|--|------------|----------------|-----------------|-------|
| a Employee's SSN | 1 Wages, tips, ot | | | income tax withheld 12547.00 | a Em | nployee's SSN | | ges, tips, oth | | 1 |
| 762-13-6435 | 3 Social security | wages 73127.58 | Social s | security tax withheld 4533.91 | | 2-13-6435 | 3 Soci | ial security | wages 73127. | 58 |
| b Employer ID no. (EIN) 80 – 0681835 | 5 Medicare wage | s and tips 73127.58 | 6 Medica | re tax withheld 1060.35 | | ployer ID no. (EIN) -0681835 | 5 Med | licare wage | | |
| c Employer's name, a CYGTEC, I 6512 SIX SUITE: 30 RALEIGH d Control number | ddress, and ZIP coo NC FORKS RD | | NC | 27615 | 6! SI R | ployer's name, ad YGTEC, II 512 SIX I JITE: 304 ALEIGH ntrol number | NC FORK | and ZIP cod | | |
| e Employee's name, a OBULAREDD 9449 LEE FAIRFAX | Y THIPPAR | | VA | Suff. 22031 | O1 9 | nployee's name, ac BULAREDD' 449 LEE I AIRFAX | Y TH | | | |
| 7 Social security tips | 8 Allocate | ed tips | 9 | | 7 Soc | cial security tips | | 8 Allocate | ed tips | |
| 10 Dependent care ben | efits 11 Nonqua | lified plans | 12a Co | ode See inst. for box 12 | 10 Dep | pendent care bene | efits | 11 Nonqua | alified plans | |
| 13 14 Other Statutory employee Retirement Plan Third-party sick pay | | | 12b Code 12c Code 12d Code | | Retiren | 13 Statutory employee Retirement Plan Third-party sick pay | | 4 Other | | |
| PA 9468449 | 92 | 4500 | 0.00 | 138.15 | PA | 9468449 | 2 | | | 4500 |
| VA 30-80068 | 81835F-001 | 73127 | 7.58 | 3874.00 | VA | 30-80068 | 31835 | F-001 | - | 3127 |
| 15 State Employer's s | | 16 State wages, tips | | 17 State income tax | | te Employer's stat | | l | 16 State wag | |
| 18 Local wages, tips, e | | ncome tax | | lity name | | cal wages, tips, et | | 19 Local in | ncome tax | 2 |
| Form W-2 Wage and T | av Statement | | | Dent of the Treasury - IRS | Form | W-2 Wage and Ta | x State | ment | | |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

2 Federal income tax withheld 12547.00 77627.58 762-13-6435 3 Social security wages 73127.58 4533.91 **b** Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 80-0681835 73127.58 1060.35 c Employer's name, address, and ZIP code CYGTEC, INC 6512 SIX FORKS RD SUITE: 304-B RALEIGH NC 27615 d Control number e Employee's name, address, and ZIP code OBULAREDDY THIPPAREDDY 9449 LEE HWY FAIRFAX VΛ 22031 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 12b Code Statutory employee 12c Code Retirement Plan 12d Code Third-party sick pay 94684492 4500.00 PΑ 138.15 VA 30-800681835F-001 73127.58 3874.00 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc. Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

2021 OMB No. 1545-0008

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.

| penalty of other sanction ma | | | inu you ran to | report it. | | | |
|---|----------------------------|----------------------------|------------------------------------|------------------------------|--|--|--|
| Copy C For EMI (See Notice to E | PLOYEE'S R mployees). | ECORDS. | 20 2 | 21 B No. 1545-0008 | | | |
| a Employee's SSN | 1 Wages, tips, o | ther comp. | 2 Federal income tax withheld | | | | |
| a Employee's 3311 | | 77627.58 | 12547.00 | | | | |
| 762-13-6435 | 3 Social security | wages | 4 Social security tax withheld | | | | |
| b Employer ID no. (EIN) | | 73127.58 45 | | | | | |
| | 5 Medicare wag | | 6 Medica | Medicare tax withheld | | | |
| 80-0681835 | | 73127.58 | 1060.35 | | | | |
| c Employer's name, ac CYGTEC, I | | de | | | | | |
| 6512 SIX FORKS RD SUITE: 304-B RALEIGH NC 27615 | | | | | | | |
| d Control number | | | IVC | 27013 | | | |
| OBULAREDD 9449 LEE FAIRFAX | | KEDDI | VA | 22031 | | | |
| 7 Social security tips | 8 Alloca | ted tips | 9 | | | | |
| 10 Dependent care bene | efits 11 Nonqu | alified plans | 12a Code See inst. for box 12 | | | | |
| 13 | 14 Other | | 12b Code | | | | |
| Statutory employee | | | 12c Code | | | | |
| Retirement Plan | | | 120 0 | -000 | | | |
| Third-party sick pay | | 12d Code | | | | | |
| PA 9468449 | A 94684492 45 | | | 00.00 138.15 | | | |
| VA 30-80068 15 State Employer's star | 31835F-001 te ID number | 7312 16 State wages, ti | 127.58 3874.0 tips, etc. 3874.0 | | | | |
| 18 Local wages, tips, et | | income tax | 20 Localit | y name | | | |
| | | | | | | | |
| | | | 1 | | | | |

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 | | | | | | | | |
|--|-----------------------------------|---------------------------|----------|-------------------------|--------------------------------|--------------------------------|--|--|
| a Employee's SSN | 1 Wag | | | | 2 Federal income tax withheld | | | |
| a Employee's 33N | | 77627.58 | | | 12547.00 | | | |
| 762-13-643 | 5 3 Soci | | | | 4 Social security tax withheld | | | |
| b Employer ID no. (EIN) | | 73127.58 | | | 4533.91 | | | |
| a Employer to no. (Em) | 5 Med | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| 80-068183 | 5 | | 73127.58 | | | 1060.35 | | |
| c Employer's name, address, and ZIP code CYGTEC, INC | | | | | | | | |
| | 6512 SIX FORKS RD SUITE: 304-B | | | | | | | |
| RALEIGH | 04-6 | | | N | NC 27615 | | | |
| d Control number | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. OBULAREDDY THIPPAREDDY | | | | | | | | |
| 9449 LEE HWY | | | | | | | | |
| FAIRFAX VA 22031 | | | | | | | | |
| 7 Social security tips | | 8 Allocated tips | | | | | | |
| 10 Dependent care be | enefits | 11 Nonqualified plans | | | 12a Code See inst. for box 12 | | | |
| 13 | 14 Ot | ther | | | 12b Code | | | |
| Statutory employee Retirement Plan | | | | | 40 - O - d - | | | |
| | | | | | 12c Code | | | |
| Kelirenieni Flan | | | | | 12d Code | | | |
| Third-party sick pay | | | | | | | | |
| PA 94684 | 192 | 92 450 | | | 0.00 138.15 | | | |
| VA 30 - 80 0681835F - 001 73127.58 3874.0 | | | | | | 3874.00 17 State income tax | | |
| 18 Local wages, tips, | etc. | 19 Local income tax 2 | | 20 Lo | 20 Locality name | | | |
| | | | | | | | | |
| Form W 2 Wags and Tay Statement | | | | Don't of the Trees. IDC | | | | |
| Form W-2 Wage and Tax Statement | | | | | | Dept. of the Treasury - IRS | | |