| Copy B To Be File FEDERAL Tax Retu | d with Emp urn. | loyee's | 20 2 | 21 B No. 1545-0008 | Copy City, | y 2 To Be Fi or Local Inc | led W | ith Emp | oloyee's State | | 21 B No. 1545-0008 |
|--|----------------------------------|-----------------------|----------------|--------------------------------|----------------|--|-------------|---------------|-----------------------|---------------|--------------------------------|
| a Employee's SSN | Wages, tips, oth | ner comp. 54798.62 | 2 Federa | l income tax withheld 10183.00 | a Emp | oloyee's SSN | 1 Wag | ges, tips, ot | her comp. 54798.62 | 2 Federa | l income tax withheld 10183.00 |
| 686-93-2844 | Social security v | wages | 4 Social | security tax withheld | 686 | -93-2844 | 3 Soci | ial security | wages | 4 Social | security tax withheld |
| b Employer ID no. (EIN) | Medicare wages | e and tine | 6 Modica | re tax withheld | b Empl | oyer ID no. (EIN) | 5 Mod | licare wage | e and tine | 6 Modica | re tax withheld |
| 45-2975594 | Medicale waye. | s and ups | • IVIEUICA | re tax withheld | 45- | 2975594 | Jivieu | iicare wage | s and tips | • IVICUICA | ile tax withheld |
| c Employer's name, addre SPINO INC | ss, and ZIP cod | e | | | | oloyer's name, ad INO INC | dress, a | and ZIP cod | le | | |
| 1100 CORNWA | LL RD, | SUITE# 1 | 00 | | 11 | 00 CORNV | WALI | RD, | SUITE# 1 | 00 | |
| MONMOUTH JN | ICT | | NJ | 08852 | MO | NMOUTH 3 | JNCT | | | NJ | 08852 |
| d Control number | | | | | d Con | trol number | | | | | |
| e Employee's name, addre SUDHEER GOU 2400 NW 30T OKLAHOMA | RISHETT | Ϋ́ | OK | Suff. 73112 | SU 24 | oloyee's name, ac IDHEER GO OO NW 30 LAHOMA | OURI | SHETT | ΓY | OK | Suff. 73112 |
| 7 Social security tips | 8 Allocate | d tips | 9 | | 7 Soci | al security tips | | 8 Allocate | ed tips | 9 | |
| 10 Dependent care benefits | 11 Nonqua | lified plans | 12a C | ode See inst. for box 12 | 10 Depe | endent care bene | fits | 11 Nonqua | alified plans | 12a Co | ode See inst. for box 12 |
| | 14 Other | | 12b C | ode | 13 | | 14 O | ther | | 12b Co | ode |
| Statutory employee | | | 12c C | ode | Statutory | employee | | | | 12c Co | ode |
| Retirement Plan | | | 12d C | - 4 - | Retireme | ent Plan | | | | 12d Co | . de |
| Third-party sick pay | | | 120 0 | ode | Third-par | rty sick pay | | | | 120 00 | ode |
| OK WTH-15153 | 3549-02 | 5479 | 8.62 | 2486.00 | OK | WTH-151 | .5354 | 49-02 | 5479 | 8.62 | 2486.00 |
| 15 State Employer's state | ID number | 16 State wages, tip | os, etc. | 17 State income tax | 15 State | Employer's stat | e ID nui | mber | 16 State wages, tip | s, etc. | 17 State income tax |
| 18 Local wages, tips, etc. | 19 Local in | come tax | 20 Loca | ality name | 18 Loca | al wages, tips, etc | Э. | 19 Local in | ncome tax | 20 Locality | y name |
| Form W-2 Wage and Tax S This information is being furnished | tatement d to the Internal Re | venue Service. | 1 | Dept. of the Treasury - IRS | Form V | V-2 Wage and Ta | x Stater | ment | | | Dept. of the Treasury - IR |

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 fall to report it.

| Copy C For EMPLOYEE'S RECORDS. 2021 (See Notice to Employees). OMB No. 1545-0008 | | | | | | | | | |
|---|----------------------------|------------------------|--|-------------------------------|-------------------------------|----------------|--|--|--|
| a Employee's SSN | 1 Wag | ges, tips, other comp. | | | 2 Federal income tax withheld | | | | |
| . , | | 54798.62 | | | 10183.00 | | | | |
| 686-93-2844 | 3 Soci | al security wages 4 S | | | Social security tax withheld | | | | |
| b Employer ID no. (EIN) | | | | | | | | | |
| | 5 Med | icare wages and tips | | | 6 Medicare tax withheld | | | | |
| 45-2975594 | | | | | | | | | |
| c Employer's name, address, and ZIP code SPINO INC | | | | | | | | | |
| 1100 CORNWALL RD, SUITE# 100 | | | | | | | | | |
| MONMOUTH | JNCT | 1 | | N | NJ 08852 | | | | |
| d Control number | | | | | | | | | |
| | | | | | | | | | |
| e Employee's name, address, and ZIP code Suff. | | | | | | | | | |
| SUDHEER GOURISHETTY | | | | | | | | | |
| 2400 NW 30TTH ST APT 101 | | | | | | | | | |
| OKLAHOMA OK 73112 | | | | | | | | | |
| 7 Social security tips | | 8 Allocated tips | | | | | | | |
| 10 Dependent care bene | 11 Nonqualified plans | | | 12a Code See inst. for box 12 | | | | | |
| 13 | 14 Ot | her 12 | | | 2h C | !b Code | | | |
| Statutory employee | | | | | | | | | |
| | | 12c | | | 2c C | Code | | | |
| Retirement Plan | | 124 (| | | ode | | | | |
| Third-party sick pay | | | | | | | | | |
| OK WTH-151 | 19-02 | 02 54798.62 | | | 2486.00 | | | | |
| I 15 State Employer's star | 16 State wages, tips, etc. | | | 17 State income tax | | | | | |
| 18 Local wages, tips, et | 19 Local ir | | | | ocality name | | | | |
| | - | | | | | , | | | |
| | | | | | | | | | |

REV 12/03/21 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 | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | |
| a Employees a cont | | 54798.62 | 10183.00 | | | | | |
| 686-93-2844 | al security | wages | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | icare wage | s and tins | 6 Medic | 6 Medicare tax withheld | | | | |
| 45-2975594 | • Ivica | teate wages and ups | | | are tax withhold | | | |
| c Employer's name, ad SPINO INC | ldress, a | and ZIP cod | le | | | | | |
| 1100 CORNWALL RD, SUITE# 100 | | | | | | | | |
| MONMOUTH (| JNCT | • | | NJ 08852 | | | | |
| d Control number | | | | | | | | |
| e Employee's name, address, and ZIP code SuDHEER GOURISHETTY 2400 NW 30TTH ST APT 101 | | | | | | | | |
| OKLAHOMA OK 73112 | | | | | | | | |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | | | |
| 10 Dependent care bene | efits | 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | |
| 13 | 14 Ot | ther 1 | | | 12b Code | | | |
| Statutory employee | | | | 12c Code | | | | |
| Retirement Plan | | | | 1200 | 120 0000 | | | |
| | 12 | | | 2d Code | | | | |
| Third-party sick pay | | | | | | | | |
| OK WTH-151 | 5354 | 19-02 | 5479 | 8.62 2486.00 | | | | |
| 15 State Employer's stat | e ID nur | mber | 16 State wages, tip | s, tips, etc. 17 State income tax | | | | |
| 18 Local wages, tips, etc | Э. | 19 Local ir | ncome tax | 20 Locality name | | | | |
| Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS | | | | | | | | |