2021 W-2 and EARNINGS SUMMARY

| | leference Copy | | | | | | |
|---|---|--|--|--|--|--|--|
| W-2 Wage State Copy C for employee's records. | and Tax 2021 ement 208 No. 1545-0008 | | | | | | |
| d Control number Dept. | | | | | | | |
| 0000001783 RRA SAKS.C | CWH0 A S 4160 | | | | | | |
| c Employer's name, address. | | | | | | | |
| SAKS INCORPORAT | FD | | | | | | |
| AGENT FOR:SAKS COM LLC | | | | | | | |
| 225 LIBERTY ST 24 | 225 LIBERTY ST 24TH FL | | | | | | |
| | NEW YORK, NY 10281 | | | | | | |
| RETURN POS | TAGE GUARANTEED | | | | | | |
| | And the second | | | | | | |
| e/I Employee's name, address, | , and ZIP code | | | | | | |
| ABHI DESAI | | | | | | | |
| 30 RIVER CT APT 405 | | | | | | | |
| JERSEY CITY, NJ | 07310 | | | | | | |
| b Employer's FED ID number 62-0331040 | a Employee's SSA number XXX-XX-7204 | | | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 42324.52 | 7167.00 | | | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | | | |
| 9 | 10 Dependent care benefits | | | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 C 9.60 | | | | | | |
| 14 Other 217.18 NY PFL | 12b D 225.00 | | | | | | |
| . · · · · · · · · · · · · · · · · · · · | 12c 12d | | | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | | | | | |
| 15 State Employer's state ID n | o. 16 State wages, tips, etc. | | | | | | |
| TOTAL STATE | | | | | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | | | |
| 2426.32 19 Local income tax | 20 Locality name | | | | | | |
| 19 Local Income tax | 20 Locality Hame | | | | | | |
| V A | | | | | | | |
| Wages, tips, other comp. 42324.52 | 2 Federal income tax withheld 7167.00 | | | | | | |
| Social security wages | 4 Social security tax withheld | | | | | | |

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

PAGE 01 OF 02

Social Security Number: XXX-XX-7204

ABHI DESAI 30 RIVER CT **APT 405** JERSEY CITY, NJ 07310

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5 Medicare wages and tips 6 Medicare tax withheld Corp. Employer use only SAKS.C CWHO A Employer's name, address, and ZIP code

SAKS INCORPORATED AGENT FOR:SAKS COM LLC 225 LIBERTY ST 24TH FL NEW YORK, NY 10281

RETURN POSTAGE GUARANTEED

| 8 Allocated tips | | | |
|---|--|--|--|
| 8 Allocated tips 10 Dependent care benefits | | | |
| | | | |
| ^{12b} D 225.00 | | | |
| 12c | | | |
| 12d | | | |
| 13 Stat emp. Ret. plan 3rd party sick par | | | |
| | | | |

ABHI DESAI 30 RIVER CT

APT 405 JERSEY CITY, NJ 07310

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 2426.32 18 Local wages, tips, etc.

Federal Filing Copy W-2 Wage and Tax 202 Statement OMB No. 1545-0

| 1 Wages, tips, other comp. 42324.52 | | 2 Federal income tax withheld 7167.00 | | | | |
|--|---|--|--------------------------------|--------|---------------------|--|
| 3 | Social security wages Medicare wages and tips | | 4 Social security tax withheld | | | |
| 5 | | | 6 Medicare tax withheld | | | |
| d | Control number | Dept. SAKS.C | Corp. | Employ | er use only 4160 | |
| c | Employer's name SAKS INCOF AGENT FOR: 225 LIBERTY NEW YORK, | SAKS C | D OM LLC H FL | | | |

| b | Employer's FED ID number 62-0331040 | a Employee's SSA number XXX-XX-7204 | | A number -XX-7204 | |
|------------------------|--|--|----------|----------------------|--|
| 7 | Social security tips | 8 Allocated tips | | | |
| 9 | | 10 Depen | dent car | e benefits | |
| 11 | Nonqualified plans | 12a C | | 9.60 | |
| 14 Other 217.18 NY PFL | Other 217.18 NY PFL | 12b D | | 225.00 | |
| | | 12c | | | |
| | | 12d | | | |
| | | 13 Stat emp | Ret plan | 3rd party sick pay | |

RETURN POSTAGE GUARANTEED

e/I Employee's name, address and ZIP code

ABHI DESAI 30 RIVER CT **APT 405** JERSEY CITY, NJ 07310

| 15 | State | Employer's state ID no. | 16 | State wages, tips, etc. | NJ | 861-572-853/001 | 42324.52 | | 17 | State Income tax | 18 | Local wages, tips, etc. | 18 Local wages, tips, etc.

NJ. State Reference Copy W-2 Statement OMB No. 15-45-00
Copy 2 to be filled with employee's State Income Tax Return.

| 1 | Wages, tips, othe | 2 Federal income tax withheld 7167.00 | | | | |
|---|--|--|--|---------|-------------|--|
| 3 | Social security wages Medicare wages and tips | | 4 Social security tax withheld 6 Medicare tax withheld | | | |
| 5 | | | | | | |
| d | Control number | Dept. SAKS.C | Corp. | Employe | er use only | |

SAKS INCORPORATED AGENT FOR:SAKS COM LLC 225 LIBERTY ST 24TH FL NEW YORK, NY 10281

RETURN POSTAGE GUARANTEED

| b | Employer's FED ID number 62-0331040 | a Employee's SSA number XXX-XX-7204 8 Allocated tips 10 Dependent care benefits | | |
|------|--|---|--|--|
| 7 | Social security tips | | | |
| 9 | | | | |
| 11 | Nonqualified plans | 12a C 9.60 | | |
| 14 C | Other 217.18 NY PFL | 12b D 225.00 | | |
| | | 12c | | |
| | | 12d | | |
| | | 13 Stat emp. Ret. plan 3rd party sick pay | | |

e/f Employee's name, address and ZIP code

ABHI DESAI 30 RIVER CT **APT 405** JERSEY CITY, NJ 07310

| 15 | State | Rmployer's state ID no. | 16 | State wages, tips, etc. | 42324.52 | | 17 | State income tax | 18 | Local wages, tips, etc. |

NJ. State Filing Copy W-2 Wage and Tax 20 Statement