a Employee's SSN 838-35-7737	b Employer identification n	umber (EIN) 80 - 035	53288	OMB No. 1545-0008
© Employer's name, address, and ZIP code TEXPLORERS INC	1 Wgs, tips, other compn 100547.42	2 Fed inc tax withheld 8814.00	3 Social security wages 100547.42	Form W-2
4805 HUGHES CIR	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
4005 HUGHES CIR	6233.94 7 Social security tips	100547.42 8 Allocated tips	1457.94	Tax
FLOWER MOUND TX 75022		·		Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a DD 1800.00	2021
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
BHARATH RAJ KUNCHAM	Statutory employee .		12c	Copy B To Be Filed with
3401 CHESTNUT SPRINGS PLACE APT 1223	Retirement plan			Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being
HENRICO VA 23233	Third-party sick pay		12d 	furnished to the Internal Revenue Service.
15 State Employer's state D number 16 State wages, tips, etc 1 VA 30-800353288F-001 1 0 0 5 4 7 . 4 2	7 State income tax 5272.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA 30-0003332001-001 100347.42			+	-
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a Employee's SSN 838-35-7737 C Employer's name, address, and ZIP code	b Employer identification n1 Wgs, tips, other compn	umber (EIN) 80 - 035	3 Social security wages	OMB No. 1545-0008
TEXPLORERS INC	100547.42	8814.00	100547.42	Form W-2
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DI OLIED MOLIND BY 75000	7 Social security tips	8 Allocated tips	9	Tax
FLOWER MOUND TX 75022 d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
	·		DD 1800.00	2021
e Employee's name, address, and ZIP code Suff.	Statutory employee	14 Other	12b 	Copy 2 To Be
BHARATH RAJ KUNCHAM	Statutory employee:		12c	Filed With
3401 CHESTNUT SPRINGS PLACE APT 1223	Retirement plan		40.1	Employee's State, City, or Local
HENRICO VA 23233	Third-party sick pay		12d 	Income Tax Return.
15 State Employer's state D No. 16 State wages, tips, etc VA 30-800353288F-001 1.00547.42	7 State income tax 5272.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name
- VA 30-000353200F-001 100547.42	5272.00			. †
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a Employee's SSN 838-35-7737	b Employer identification n	· /		OMB No. 1545-0008
C Employer's name, address, and ZIP code	This information is being furn	number (EIN) 80-035 hished to the IRS. If you are reset on you if this income is tax	guired to file a tax return, a ne	
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