

Form **W-2 Wage and Tax Statement** 2021

c Employer's name, address, and ZIP code

STATE OF KANSAS  
700 SW HARRISON  
EISENHOWER BLDG-SUITE 300  
TOPEKA KS 66603-3929

e Employee's name, address, and ZIP code

P C VEERA RAGHAVULU  
3520 RAINBOW BLVD  
APT 717  
KANSAS CITY KS 66103

|                                                                                                                                                  |                                        |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|
| 7 Social security tips                                                                                                                           | 1 Wages, tips, other comp.<br>51731.56 | 2 Federal income tax withheld<br>5478.57     |
| 8 Allocated tips                                                                                                                                 | 3 Social security wages<br>54740.33    | 4 Social security tax withheld<br>3393.90    |
| 9                                                                                                                                                | 5 Medicare wages and tips<br>54740.33  | 6 Medicare tax withheld<br>793.73            |
| 10 Dependent care benefits                                                                                                                       | 11 Nonqualified plans                  | 12a See instructions for box 12<br>C   36.92 |
| 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 14 Other                               | 12b DD   12119.56                            |
| b Employer identification number (EIN)<br>48-6029925                                                                                             |                                        | 12c                                          |
| a Employee's social security no.<br>787-89-0711                                                                                                  |                                        | 12d                                          |
| 15 State Employer's state I.D. no.<br>KS B002290051                                                                                              | 16 State wages, tips, etc.<br>51731.56 | 17 State income tax<br>2174.00               |
|                                                                                                                                                  | 18 Local wages, tips, etc.             | 19 Local income tax                          |
|                                                                                                                                                  |                                        | 20 Locality name                             |

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.  
OMB No. 1545-0008

Dept. of the Treasury - IRS  
Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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