							Federa	al Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
					e boxes on your W-2.	Gross Wage	es 1	1615.40	11615.4	11615.40		
Please	note that t	he Gross amour	nt shown may	include a	djustments.	Txbl Benefit	ts					
						Group Term	Life					
						Adoption						
						Deferred Co	omp					
						Section 125	· ;					
						Other Preta	x/Wage Limit					
						W-2 Wages		11615.40) 11615.4	10 11615.40		
D. CONTROL 000450327	ROL NUMBER This Information is being furnished 327901 to the Internal Revenue Service 2021 OMB NO. 1545-000					1. WAGES, TI	PS, OTHER COMPENSATION 11615.40	12	2. FEDERAL INCOME TAX WITHHELD 51.27			
	EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						CURITY WAGES	4	4. SOCIAL SECURITY TAX WITHHELD			
87-023087	75		665-33-3294				11615.40		720.15			
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	(6. MEDICARE TAX WITH	HHELD		
Harmon Ci							11615.40			168.42		
3540 S 40 Suite 500	00 W					7. SOCIAL SEC	CURITY TIPS	8	B. ALLOCATED TIPS			
West Valle	y City UT 8	4120										
						9.		1	O. DEPENDENT CARE B	ENEFITS		
E ENADLOYE	T'C FIDET NAM	ME AND INITIAL	LAST NA	NAT.	SUFF.	11. NONQUAL	IFIED DI ANG	1	2.a-d			
Geeta R	L 3 I III 31 IVAN	AND INTIAL	Katri	NIVIL	3011.	11. NONQUAL	IIILD FLANS	1	2.a-u			
11341 s 1	420 W					14. OTHER						
South Jord		95										
USA												
F. EMPLOYE	E'S ADDRESS	AND ZIP CODE						1.	3. STATUTORY RETIR PLAN	EMENT THIRD PARTY SICK PAY		
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG				18. LOCAL WAGES, TIPS, ET	C. 19. LO	OCAL INCOME TAX	20. LOCALITY NAME		
UT	12208156	5005WTH		11615.	40	512.91						
D. CONTROL NUMBER This Information is being furnished						1. WAGES, TI	PS, OTHER COMPENSATION	1	2. FEDERAL INCOME TAX WITHHELD			

D. CONTROL		This Information is	s being furnished		ONAR NIC	IO. 1545-0008	1. WAGES, T	IPS, OTHER COMPE			2. FEDERAL INCOME TAX WITHHELD		
000450327901		to the Internal Rev	venue Service	2021	OIVIBIN	10. 1545-0008		110	615.40			51.27	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
87-0230875 665-33-3294						11615.40				720.15			
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
Harmon Ci								11615.40			168.42		
3540 S 40 Suite 500	00 W y City UT 8	4120					7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
West valle	y city or o	4120					9.				10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYE Geeta R	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Geeta R Katri					11. NONQUALIFIED PLANS			12.a-d				
USA	dan UT 840						14. OTHER				13. STATUTORY RETIREMPLOYEE PLAN	REMENT THIRD PARTY	
15. STATE		AND ZIP CODE S STATE I.D. NO.	16. STATE WAG	FC TIDE F	TC A	7. STATE INCOME	FAV	18. LOCAL WAGE	C TIDE FTC	40	LOCAL INCOME TAX	20. LOCALITY NAME	
UT 15. STATE	12208156		16. STATE WAG	11615		.7. STATE INCOME	512.91	18. LUCAL WAGE	S, 11PS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000450327901	This Information is to the Internal Rev		2021	OMB NO.	1545-0008	1. WAGES, TI	PS, OTHER COMPENSATIO 11615.40		2. FEDERAL INCOME TA	X WITHHELD 51.27	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
87-0230875 665-33-3294						11615.40			720.15		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP O	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
Harmon City Inc						11615.40			168.42		
3540 S 4000 W Suite 500 West Valley City UT 84120							URITY TIPS		8. ALLOCATED TIPS		
west valley city of	04120					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Geeta R Katri				11. NONQUALIFIED PLANS			12.a-d				
11341 s 1420 W South Jordan UT 84095 USA						14. OTHER			13. STATUTORY RETIREMENT THIRD PARTY		
F. EMPLOYEE'S ADDRE	SS AND ZIP CODE							EMPLOYEE PLAN			
	R'S STATE I.D. NO.	16. STATE WAGE	S, TIPS, ETC.	. 17. S	TATE INCOME T	AX	18. LOCAL WAGES, TIPS,	ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	
UT 122081	.56005WTH		11615.4	0		512.91					

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	This Information is	being furnished		ONARN	NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION		NSATION	2. FEDERAL INCOME TAX WITHI		X WITHHELD		
000450327901 to the Internal Rev		enue Service	2021	OIVID	10. 1545-0008		116	515.40			51.27		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
87-0230875 665-33-3294							116	515.40		720.15			
C. EMPLOYER'S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD			
Harmon City Inc					116	515.40		168.42					
3540 S 4000 W Suite 500 West Valley City UT 8	4120			7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS					
west valley city of o	4120					9.				10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAM	IE AND INITIAL	LAST NA	ME		SUFF.	11. NONQUALIFIED PLANS				12.a-d			
Geeta R		Katri											
11341 s 1420 W South Jordan UT 840 USA	95			14. OTHER									
03/1									:	13. STATUTORY RETIREMENT THIRD PARTY			
F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN	SICK PAY		
	STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	TC.	L7. STATE INCOME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. l	LOCAL INCOME TAX	20. LOCALITY NAME		
UT 12208156	5005WTH		11615	.40		512.91							