

FOLD

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGE, TIPS, OTHER, COMPENSATION 67679.76		2. FEDERAL INCOME TAX WITHHELD 11295.48	
B. EMPLOYER IDENTIFICATION NUMBER 27-0221186			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 781-34-7240			3. SOCIAL SECURITY WAGES 67679.76		4. SOCIAL SECURITY TAX WITHHELD 4196.15	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE SIGNATURE COMMERCIAL SOLUTIONS SUITE 1000 8270 GREENSBORO DR MCLEAN, VA 22102					5. MEDICARE WAGES AND TIPS 67679.76		6. MEDICARE TAX WITHHELD 981.36		
					7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL ABHINAY SARVAYYAGARI 8911 CAMDEN CREEK LANE APARTME CHARLOTTE, NC 28273					LAST NAME SUFF.		11. NONQUALIFIED PLANS		12. *d
					14. OTHER		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					15. STATE NC		EMPLOYER'S STATE I.D. NO. 600737680		16. STATE WAGES, TIPS, ETC. 67679.76
					17. STATE INCOME TAX 3193.00		18. LOCAL WAGES, TIPS, 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

FOLD AND TEAR ALONG PERFORATION

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Visit www.irs.gov/efile for e-file details.

W-2 AND WAGE SUMMARY

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