

OMB# 1545-0008

**COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

1 Wages, tips, other compensation 2816.00		2 Federal income tax withheld 195.84	
3 Social security wages 2816.00		4 Social security tax withheld 174.59	
5 Medicare wages and tips 2816.00		6 Medicare tax withheld 40.83	
a Employee's social security number 495-33-2125			
c Employer's name, address, and ZIP code SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080			
e Employee's name ANJALI YASHNA NIMMALA 1845 CHELSEA BLVD, APT - C339 ALLEN TX 75013			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 82-3734113		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee	Retirement plan	Third-party sick pay	12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service 495332125002903889

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1 Wages, tips, other compensation 2816.00		2 Federal income tax withheld 195.84	
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f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 82-3734113		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee	Retirement plan	Third-party sick pay	12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

**COPY B - To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 2816.00		2 Federal income tax withheld 195.84	
3 Social security wages 2816.00		4 Social security tax withheld 174.59	
5 Medicare wages and tips 2816.00		6 Medicare tax withheld 40.83	
a Employee's social security number 495-33-2125			
c Employer's name, address, and ZIP code SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080			
e Employee's name ANJALI YASHNA NIMMALA 1845 CHELSEA BLVD, APT - C339 ALLEN TX 75013			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 82-3734113		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee	Retirement plan	Third-party sick pay	12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service ANJALI

OMB# 1545-0008

**COPY C - For EMPLOYEE'S RECORDS** (See Notice to Employee on the back of Copy B.)

1 Wages, tips, other compensation 2816.00		2 Federal income tax withheld 195.84	
3 Social security wages 2816.00		4 Social security tax withheld 174.59	
5 Medicare wages and tips 2816.00		6 Medicare tax withheld 40.83	
a Employee's social security number 495-33-2125			
c Employer's name, address, and ZIP code SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080			
e Employee's name ANJALI YASHNA NIMMALA 1845 CHELSEA BLVD, APT - C339 ALLEN TX 75013			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 82-3734113		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee	Retirement plan	Third-party sick pay	12e \$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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