									Feder	al Box 1	Soc. Sec. Box 3 8	7 Medicare Box	5
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.								Gross Wages 133203.0 Txbl Benefits			04 133203.	04 133203	.04
							Group Term	Life		130.	44 130.	14 130	.44
							Adoption						
							Deferred Co	mp	(1	0616.7	'9)		
							Section 125		(4517.5	52) (4517.5	2) (4517.	52)
							Other Preta	x/Wage Li	mit				
							W-2 Wages		1	18199.	17 128815.	96 128815	.96
D. CONTROL NUM	UMBER This Information is being furnished				OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
000051647801				OIVIB INC	J. 1545-0008	118199.17			12594.69				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						BER	3. SOCIAL SE	CURITY WA	GES		4. SOCIAL SECURITY TA	X WITHHELD	
94-3326476			709-89-9220						128815.96	7986.59			
C. EMPLOYER'S NA	AME, ADDRESS,	AND ZIP C	ODE				5. MEDICARE	WAGES AN	ID TIPS		6. MEDICARE TAX WIT	HHELD	
Exiservice Com									128815.96			1867.83	
10 Exchange PI Ste 2200	ace						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
Jersey City NJ (07302												
							9.				10. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE'S FIR	RST NAME AND I	INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS	5		12.a-d C	130	.44
Suraj K			Ekka								D	10616	.79
24 Locust Lane							14. OTHER CT	PL		49.57	AA	191	.18
Farmington CT	06032						-				DD	7443	.36
USA											13. STATUTORY RETIR	EMENT X THIRD PARTY	, —
F. EMPLOYEE'S AL	DDRESS AND ZIP	CODE									EMPLOYEE PLAN	SICK PAY	`Ш
RECEIVED FINE	LOYER'S STATE	I.D. NO.	16. STATE WAGE			STATE INCOME T		18. LOCAL	WAGES, TIPS, E	rc. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
CT 382	245551-000			118199	.17		5722.84						

D. CONTROL		This Information is			OMB	NO. 1545-0008	1. WAGES, T	PS, OTHER CO			2. FEDERAL INCOME TAX WITHHELD		
000051647	00051647801 to the Internal Rev		enue Service	2021	CIVID	ONIB NO. 1343-0008		1	118199.17	12594.69			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGE	S	4. SOCIAL SECURITY TAX WITHHELD				
94-3326476 709-89-9220								1	128815.96	7986.59			
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND	TIPS	6. MEDICARE TAX WITHHELD			
ExIservice.Com, LLC								1	128815.96	1867.83			
Ste 2200	10 Exchange Place Ste 2200 Jersey City NJ 07302							CURITY TIPS		8. ALLOCATED TIPS			
Jersey City	143 07 302						9.				10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYEE	E'S FIRST NAM	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUALIFIED PLANS				12.a-d C	130.44	
Suraj K			Ekka				100				D	10616.79	
24 Locust I	Lane						14. OTHER CTPL 649.57				AA	191.18	
Farmingtor USA	n CT 06032	2									DD	7443.36	
F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	ETC.	17. STATE INCOME	TAX	18. LOCAL W	AGES, TIPS, ETC	. 19	LOCAL INCOME TAX	20. LOCALITY NAME	
СТ	3824555	1-000		118199	9.17		5722.84						

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 000051647			his Information is being furnished o the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 118199		2. FEDERAL INCOME TAX WITHHELD 12594.69			
B. EMPLOYE	ER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
94-332647	76		709-89-9220				128815	.96	7986.59			
C. EMPLOYE	ER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD		
Exiservice.	.Com, LLC						128815	.96		1867.83		
10 Exchange Place Ste 2200							URITY TIPS		8. ALLOCATED TIPS			
Jersey City NJ 07302									10. DEPENDENT CARE BENEFITS			
E. EMPLOYE	EE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	FIED PLANS		12.a-d C	130.44		
Suraj K			Ekka			110000000000000000000000000000000000000			D	10616.79		
24 Locust	Lane					14. OTHER CT	DI	649.5	7 AA	191.18		
24 Locust Lane Farmington CT 06032 USA								043.5	DD	7443.36		
F. EMPLOYE	EE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
15. STATE		S STATE I.D. NO.	16. STATE WAGI		THE PARTY OF THE P		18. LOCAL WAGES, TI	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
CT	3824555	1-000		118199.	1/	5722.84						

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 N 0000516478	This information is being furnis			2021	OMB NO. 1545-0008		1. WAGES, T	IPS, OTHER COMPENSA 118199		2. FEDERAL INCOME TAX WITHHELD 12594.69		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						ARER	3 SOCIAL SE	CURITY WAGES	.17	4. SOCIAL SECURITY TAX WITHHELD		
94-3326476 709-89-9220								128815	.96	7986.59		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
Exiservice.Co								128815	.96		1867.83	
10 Exchange Place Ste 2200							7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS		
Jersey City NJ 07302										10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S	S FIRST NAME ANI	DINITIAL	LAST NA	ME		SUFF.	11. NONQUAI	IFIED PLANS		12.a-d C	130.44	
Suraj K			Ekka							D	10616.79	
24 Locust La	ane						14. OTHER CTPL 649.57			AA	191.18	
Farmington (USA	CT 06032									DD	7443.36	
F. EMPLOYEE'S	S ADDRESS AND Z	IP CODE								13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE E	EMPLOYER'S STAT 38245551-000	TE I.D. NO.	16. STATE WAG	118199.	500	7. STATE INCOME 1	5722.84	18. LOCAL WAGES, TI	PS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	