



|   |                                 |                            |                    |      |  |
|---|---------------------------------|----------------------------|--------------------|------|--|
| Employee Reference Copy   |                                 | Wage and Tax Statement     |                    | 2020 |  |
| Copy C for employee's records. OMB No. 1545-0008                                    |                                 |                            |                    |      |  |
| d Control number  | Dept.                           | Corp.                      | Employer use only  |      |  |
| 000012  | RU/944                          |                            | A 4                |      |  |
| c Employer's name, address, and ZIP code  |                                 |                            |                    |      |  |
| ARCEAN SOLUTIONS LLC<br>5470 MCGINNIS VLG PL SUITE 101<br>ALPHARETTA, GA 30005 1745 |                                 |                            |                    |      |  |
| Batch #90341  |                                 |                            |                    |      |  |
| e/f Employee's name, address, and ZIP code  |                                 |                            |                    |      |  |
| SAIKISHORE CHITIKESHI<br>10833 FOLSOM BLVD<br>#415<br>RANCHO CORDOVA, CA 95670      |                                 |                            |                    |      |  |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                    |      |  |
| 20-5082032  | XXX-XX-3690                     |                            |                    |      |  |
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld   |                            |                    |      |  |
| 112129.63   | 13652.23                        |                            |                    |      |  |
| 3 Social security wages   | 4 Social security tax withheld  |                            |                    |      |  |
| 113085.30   | 7011.29                         |                            |                    |      |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld         |                            |                    |      |  |
| 113085.30   | 1639.74                         |                            |                    |      |  |
| 7 Social security tips  | 8 Allocated tips                |                            |                    |      |  |
| 9   | 10 Dependent care benefits      |                            |                    |      |  |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                    |      |  |
|   | D 955.67                        |                            |                    |      |  |
| 14 Other  | 12b                             |                            |                    |      |  |
| 1130.86 SDI   | 12c                             |                            |                    |      |  |
|   | 12d                             |                            |                    |      |  |
|   | 13 Stat emp                     | Ret. plan                  | 3rd party sick pay |      |  |
|   |                                 | X                          |                    |      |  |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                    |      |  |
| CA  | 119-1099 9                      | 112129.63                  |                    |      |  |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                    |      |  |
| 4906.59   |                                 |                            |                    |      |  |
| 19 Local income tax   | 20 Locality name                |                            |                    |      |  |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                           | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | CA. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay                 | 123,093.30                                      | 123,093.30                            | 123,093.30                     | 123,093.30                                   |
| Less Other Cafe 125       | 10,008.00                                       | 10,008.00                             | 10,008.00                      | 10,008.00                                    |
| Less 401(k) (D-Box 12)    | 955.67  | N/A                                   | N/A                            | 955.67                                       |
| <b>Reported W-2 Wages</b> | <b>112,129.63</b>                               | <b>113,085.30</b>                     | <b>113,085.30</b>              | <b>112,129.63</b>                            |

2. Employee Name and Address.

**SAIKISHORE CHITIKESHI**  
**10833 FOLSOM BLVD**  
**#415**  
**RANCHO CORDOVA, CA 95670**

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|   |                                 |                            |                    |             |  |
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| 113085.30   | 7011.29                         |                            |                    |             |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld         |                            |                    |             |  |
| 113085.30   | 1639.74                         |                            |                    |             |  |
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| ARCEAN SOLUTIONS LLC<br>5470 MCGINNIS VLG PL SUITE 101<br>ALPHARETTA, GA 30005 1745 |                                 |                            |                    |             |  |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                    |             |  |
| 20-5082032  | XXX-XX-3690                     |                            |                    |             |  |
| 7 Social security tips  | 8 Allocated tips                |                            |                    |             |  |
| 9   | 10 Dependent care benefits      |                            |                    |             |  |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                    |             |  |
|   | D 955.67                        |                            |                    |             |  |
| 14 Other  | 12b                             |                            |                    |             |  |
| 1130.86 SDI   | 12c                             |                            |                    |             |  |
|   | 12d                             |                            |                    |             |  |
|   | 13 Stat emp                     | Ret. plan                  | 3rd party sick pay |             |  |
|   |                                 | X                          |                    |             |  |
| e/f Employee's name, address and ZIP code   |                                 |                            |                    |             |  |
| SAIKISHORE CHITIKESHI<br>10833 FOLSOM BLVD<br>#415<br>RANCHO CORDOVA, CA 95670      |                                 |                            |                    |             |  |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                    |             |  |
| CA  | 119-1099 9                      | 112129.63                  |                    |             |  |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                    |             |  |
| 4906.59   |                                 |                            |                    |             |  |
| 19 Local income tax   | 20 Locality name                |                            |                    |             |  |
| Federal Filing Copy   |                                 |                            |                    |             |  |
| <b>W-2</b>  |                                 | Wage and Tax Statement     |                    | <b>2020</b> |  |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008     |                                 |                            |                    |             |  |

|   |                                 |                            |                    |             |  |
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| 14 Other  | 12b                             |                            |                    |             |  |
| 1130.86 CA SDI  | 12c                             |                            |                    |             |  |
|   | 12d                             |                            |                    |             |  |
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|   |                                 | X                          |                    |             |  |
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| 4906.59   |                                 |                            |                    |             |  |
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| CA State Reference Copy   |                                 |                            |                    |             |  |
| <b>W-2</b>  |                                 | Wage and Tax Statement     |                    | <b>2020</b> |  |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008       |                                 |                            |                    |             |  |

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