

b Employer's Identification number c Employer's name, address, and ZIP code		82-2299553		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
FATHOM LIFE SCIENCES AND TECHNOLOGY SOLUTIONS L				\$		56940.96		5023.62	
50 DIVISION STREET SUITE # 501				\$		9182.96		569.34	
SOMERVILLE NJ 08876				\$		9182.96		133.15	
e Employee's first name and initial		Last name		9458093		7 Social security tips		8 Allocated tips	
GOPALARAO KAMISSETTY		3111 SOCIETY DR		CLAYMONT DE 19703		9		10 Dependent care benefits	
f Employee's address and ZIP code				This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
DE 1-822299553-001 43006.96 1981.06				694-96-3054					
NJ 822-299-5537000 13934.00 438.73									

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		82-2299553		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
FATHOM LIFE SCIENCES AND TECHNOLOGY SOLUTIONS L				\$		56940.96		5023.62	
50 DIVISION STREET SUITE # 501				\$		9182.96		569.34	
SOMERVILLE NJ 08876				\$		9182.96		133.15	
e Employee's first name and initial		Last name		9458093		7 Social security tips		8 Allocated tips	
GOPALARAO KAMISSETTY		3111 SOCIETY DR		CLAYMONT DE 19703		9		10 Dependent care benefits	
f Employee's address and ZIP code				Copy 2 for State, City, or Local Tax Departments		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
DE 1-822299553-001 43006.96 1981.06				694-96-3054					
NJ 822-299-5537000 13934.00 438.73									

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/12/21 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		82-2299553		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
FATHOM LIFE SCIENCES AND TECHNOLOGY SOLUTIONS L				\$		56940.96		5023.62	
50 DIVISION STREET SUITE # 501				\$		9182.96		569.34	
SOMERVILLE NJ 08876				\$		9182.96		133.15	
e Employee's first name and initial		Last name		9458093		7 Social security tips		8 Allocated tips	
GOPALARAO KAMISSETTY		3111 SOCIETY DR		CLAYMONT DE 19703		9		10 Dependent care benefits	
f Employee's address and ZIP code				Copy 2 for State, City, or Local Tax Departments		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
DE 1-822299553-001 43006.96 1981.06				694-96-3054					
NJ 822-299-5537000 13934.00 438.73									

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code		82-2299553		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
FATHOM LIFE SCIENCES AND TECHNOLOGY SOLUTIONS L				\$		56940.96		5023.62	
50 DIVISION STREET SUITE # 501				\$		9182.96		569.34	
SOMERVILLE NJ 08876				\$		9182.96		133.15	
e Employee's first name and initial		Last name		9458093		7 Social security tips		8 Allocated tips	
GOPALARAO KAMISSETTY		3111 SOCIETY DR		CLAYMONT DE 19703		9		10 Dependent care benefits	
f Employee's address and ZIP code				Copy C for Employee's Records (see notice to Employee on back.)		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
DE 1-822299553-001 43006.96 1981.06				694-96-3054					
NJ 822-299-5537000 13934.00 438.73									

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records