Copy B To Be Filed with Employee's 2020 FEDERAL Tax Return. OMB No. 1545-0008							
a Employee's SSN	1 Wag	es, tips, ot		2 Federal income tax withheld			
753-19-2249	19060.99			2460.00			
133-13-2243	3 Social security wages 1 9 0 6 0 . 9 9			4 Social security tax withheld 1181.78			
b Employer ID no. (EIN)	5 Mad				6 Medicare tax withheld		
27-1314956	19060.99			o medicare la	276.38		
c Employer's name, ac SOFTWARE	idress, a LABS	nd ZIP cod LLC	de				
43-06 MAI	N ST	REET					
FLOOR-3 FLUSHING NY 11355					1355		
d Control number							
e Employee's name, address, and ZIP code Suff. SAINATH VEMMENTHALA 1009 WESTFORD ST APT # 3 LOWELL MA 01851							
7 Social security tips 8 Allocates			ed tips	9			
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12			
13	14 Other		12b Code				
Statutory employee	NY-	SDI	7.8				
Retirement Plan		FLI 51.47 12		7 12c Code	2c Code		
Third-party sick pay			12d Code				
NY 2713145	56		1906	0.99	953.94		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					State income tax		
18 Local wages, tips, etc. 19 Local income tax			20 Locality r	20 Locality name			
19060.99		692.23					
Form W-2 Wage and Tax Statement This information is being turnished to the Internal Revenue Service. Dept. of the Treasury - IRS							

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

Copy C For EMPLOYEE'S RECORDS.

2020

(See Notice to Employees).				OMB No. 1545-0008			
					2 Federal income tax withheld		
a Employee's SSN			19060.99	- / 500.0	2460.00		
753-19-2249	3 Social security wages			4 Social security tax withheld			
	19060.99						
b Employer ID no. (EIN)	5 14-4			1181.78			
27-1314956	5 IVIEC	icare wage	•	6 Medicare tax withheld			
	19060.99 276.38						
c Employer's name, address, and ZIP code SOFTWARE LABS LLC 43-06 MAIN STREET FLOOR-3							
FLUSHING				NY	11355		
d Control number							
e Employee's name, address, and ZIP code Suff. SAINATH VEMMENTHALA 1009 WESTFORD ST APT # 3 LOWELL MA 01851							
7 Social security tips 8 Allocated tips				9			
,,,,							
10 Dependent care benefits 11 Nonqualified			alified plans	12a C	ode See inst. for box 12		
13 14 Other				12b C	12b Code		
Statutory employee	SDI	7.8					
Retirement Plan	NY-FLI 51.4°			7 12c Code			
remement right				12d Code			
Third-party sick pay				1,200			
NY 2713149	1314956 190			953.94			
15 State Employer's state ID number			16 State wages, tip	s, tips, etc. 17 State income tax			
18 Local wages, tips, etc. 19 060.99 19 Local income tax 692.23 20 Locality name NY - Ci							

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Copy 2 To Be Filed With Employee's State, 2020						
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020 OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips,		2 Federal income tax withheld			
753-19-2249		19060.99		2460.00		
755-19-2249	3 Social secur	19060.99	4 Social security tax withheld 1181.78			
b Employer ID no. (EIN)	5 Medicare wa		6 Medicare tax withheld			
27-1314956		19060.99	276.38			
c Employer's name, address, and ZIP code SOFTWARE LABS LLC						
43-06 MAIN STREET FLOOR-3						
FLUSHING			NY 11355			
d Control number						
e Employee's name, ad	idress, and ZIP	code		Suff.		
SAINATH VI				ou		
1009 WEST	FORD ST	APT # 3				
LOWELL MA 01851						
7 Social security tips 8 Allocated tips 9						
10 Dependent care bene	fits 11 None	11 Nonqualified plans		12a Code See inst. for box 12		
13	14 Other		125 C	-d-		
Statutory employee	NY-SDI	7.80	12b Code			
	NY-FLI	51.4		1		
Retirement Plan			12d Code			
Third-party sick pay						
NY 271314956 19060.99 953.9						
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 692.23 NY - Ci						
15000.99 692.23 NY - C1			CI			
EWOW.						
Form W-2 Wage and Ta	x Statement			Dept. of the Treasury - IRS		

REV 12/22/20 QBDT							
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020 OMB No. 1545-000							
a Employee's SSN	1 Wages, tips, other comp.			2 F	2 Federal income tax withheld		
a amployees colv	19060.99			2460.00			
753-19-2249	3 Soc	al security	wages	4 S	Social security tax withheld		
b Employer ID no. (EIN)	İ	19060.99			1181.78		
= capajor to the (city	5 Medicare wages and tips			6 Medicare tax withheld			
27-1314956			19060.99	276.38			
c Employer's name, address, and ZIP code SOFTWARE LABS LLC							
43-06 MAIN STREET FLOOR-3 FLUSHING NY 11355							
d Control number							
e Employee's name, address, and ZIP code Suff. SAINATH VEMMENTHALA 1009 WESTFORD ST APT # 3 LOWELL MA 01851							
7 Social security tips 8 Allocate			ed tips	9			
10 Dependent care benefits 11 Nonqu			alified plans	12a Code See inst, for box 12			
13 14 Other					2b C	ode	
Statutory employee NY - SDI NY - FLI			7.80 51.47 12c (2c C	ode	
Regienera Plati				1	2d C	ode	
Third-party sick pay							
NY 271314956			19060.99		953.94		
15 State Employer's state ID number			16 State wages, tips, etc. 17 State			17 State income tax	
18 Local wages, tips, etc. 19060 . 99 692			692.23	20 Lo		y name Ci	
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS							