



|   |                                 |                            |                   |                    |  |
|---|---------------------------------|----------------------------|-------------------|--------------------|--|
| 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 | 11                 |  |
| 000043  | R6/UUZ                          |                            |                   |                    |  |
| c Employer's name, address, and ZIP code  |                                 |                            |                   |                    |  |
| SLYON TECHNOLOGIES LLC<br>197 ROUTE 18 SOUTH SUITE 3000<br>EAST BRUNSWICK, NJ 08816<br><br>Batch #90293 |                                 |                            |                   |                    |  |
| e/f Employee's name, address, and ZIP code  |                                 |                            |                   |                    |  |
| VEERA VENKATA VIN SANIPINA<br>625 WESTGATE DRIVE<br>APT 704<br>ORLANDO, FL 32835                        |                                 |                            |                   |                    |  |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                   |                    |  |
| 46-3021653  | XXX-XX-8114                     |                            |                   |                    |  |
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld   |                            |                   |                    |  |
| 13328.00  | 1585.11                         |                            |                   |                    |  |
| 3 Social security wages   | 4 Social security tax withheld  |                            |                   |                    |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld         |                            |                   |                    |  |
| 7 Social security tips  | 8 Allocated tips                |                            |                   |                    |  |
| 9   | 10 Dependent care benefits      |                            |                   |                    |  |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                   |                    |  |
| 14 Other  | 12b                             | 12c                        |                   |                    |  |
|   | 12c                             | 12d                        |                   |                    |  |
|   | 12d                             | 13 Stat emp.               | Ret. plan         | 3rd party sick pay |  |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                   |                    |  |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                   |                    |  |
| 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 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay          | 13,328.00                                       | 13,328.00                             | 13,328.00                      |
| Reported W-2 Wages | 13,328.00                                       | 0.00                                  | 0.00                           |

2. Employee Name and Address.

VEERA VENKATA VIN SANIPINA  
 625 WESTGATE DRIVE  
 APT 704  
 ORLANDO, FL 32835

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|   |                                 |                            |                              |
|---|---------------------------------|----------------------------|------------------------------|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld   |                            |                              |
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| 5 Medicare wages and tips   | 6 Medicare tax withheld         |                            |                              |
| d Control number  | Dept.                           | Corp.                      | Employer use only            |
| 000043  | R6/UUZ                          |                            | 11                           |
| c Employer's name, address, and ZIP code  |                                 |                            |                              |
| SLYON TECHNOLOGIES LLC<br>197 ROUTE 18 SOUTH SUITE 3000<br>EAST BRUNSWICK, NJ 08816 |                                 |                            |                              |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                              |
| 46-3021653  | XXX-XX-8114                     |                            |                              |
| 7 Social security tips  | 8 Allocated tips                |                            |                              |
| 9   | 10 Dependent care benefits      |                            |                              |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                              |
| 14 Other  | 12b                             | 12c                        |                              |
|   | 12c                             | 12d                        |                              |
|   | 12d                             | 13 Stat emp.               | Ret. plan 3rd party sick pay |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                              |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                              |
| 19 Local income tax   | 20 Locality name                |                            |                              |
| Federal Filing Copy   |                                 |                            |                              |
| W-2 Wage and Tax Statement  |                                 | 2020                       |                              |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008     |                                 |                            |                              |

|   |                                |                            |                              |
|---|--------------------------------|----------------------------|------------------------------|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld  |                            |                              |
| 13328.00  | 1585.11                        |                            |                              |
| 3 Social security wages   | 4 Social security tax withheld |                            |                              |
| 5 Medicare wages and tips   | 6 Medicare tax withheld        |                            |                              |
| d Control number  | Dept.                          | Corp.                      | Employer use only            |
| 000043  | R6/UUZ                         |                            | 11                           |
| c Employer's name, address, and ZIP code  |                                |                            |                              |
| SLYON TECHNOLOGIES LLC<br>197 ROUTE 18 SOUTH SUITE 3000<br>EAST BRUNSWICK, NJ 08816 |                                |                            |                              |
| b Employer's FED ID number  | a Employee's SSA number        |                            |                              |
| 46-3021653  | XXX-XX-8114                    |                            |                              |
| 7 Social security tips  | 8 Allocated tips               |                            |                              |
| 9   | 10 Dependent care benefits     |                            |                              |
| 11 Nonqualified plans   | 12a                            |                            |                              |
| 14 Other  | 12b                            | 12c                        |                              |
|   | 12c                            | 12d                        |                              |
|   | 12d                            | 13 Stat emp.               | Ret. plan 3rd party sick pay |
| 15 State  | Employer's state ID no.        | 16 State wages, tips, etc. |                              |
| 17 State income tax   | 18 Local wages, tips, etc.     |                            |                              |
| 19 Local income tax   | 20 Locality name               |                            |                              |
| State Reference Copy  |                                |                            |                              |
| W-2 Wage and Tax Statement  |                                | 2020                       |                              |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008       |                                |                            |                              |

|   |                                |                            |                              |
|---|--------------------------------|----------------------------|------------------------------|
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld  |                            |                              |
| 13328.00  | 1585.11                        |                            |                              |
| 3 Social security wages   | 4 Social security tax withheld |                            |                              |
| 5 Medicare wages and tips   | 6 Medicare tax withheld        |                            |                              |
| d Control number  | Dept.                          | Corp.                      | Employer use only            |
| 000043  | R6/UUZ                         |                            | 11                           |
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| SLYON TECHNOLOGIES LLC<br>197 ROUTE 18 SOUTH SUITE 3000<br>EAST BRUNSWICK, NJ 08816   |                                |                            |                              |
| b Employer's FED ID number  | a Employee's SSA number        |                            |                              |
| 46-3021653  | XXX-XX-8114                    |                            |                              |
| 7 Social security tips  | 8 Allocated tips               |                            |                              |
| 9   | 10 Dependent care benefits     |                            |                              |
| 11 Nonqualified plans   | 12a                            |                            |                              |
| 14 Other  | 12b                            | 12c                        |                              |
|   | 12c                            | 12d                        |                              |
|   | 12d                            | 13 Stat emp.               | Ret. plan 3rd party sick pay |
| 15 State  | Employer's state ID no.        | 16 State wages, tips, etc. |                              |
| 17 State income tax   | 18 Local wages, tips, etc.     |                            |                              |
| 19 Local income tax   | 20 Locality name               |                            |                              |
| City or Local Reference Copy  |                                |                            |                              |
| W-2 Wage and Tax Statement  |                                | 2020                       |                              |
| Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008 |                                |                            |                              |