b Employer's Identification number 26-0020648	12a See Instructions for Box 12		on 2 Federal income tax withheld
EEmployer's name, address, and ZIP code BLUESTONE LLC	\$ 12b	43495.4	4 Social security tax withheld
BLUESTONE LLC	l\$		
1 OAKDENE DR STE 200	12c	5 Medicare wages and tips	6 Medicare tax withheld
PARRIMOTON II 60010 4026	12d	7 Social security tips	8 Allocated tips
BARRINGTON IL 60010-4036 © Employee's first name and initial Last name		9	10 Dependent care benefits
417002997	This information is being furnished to the Internal Revenue Service	11 Nongunitied plans	
SRIKANTH PEDAVALLI	Copy B To Be Filed with	11 Nongualified plans	13 Statutory Retirement Third-party sick pay
5303 VASSAR DR	Employee's FEDERAL	14 Other	
GREER SC 29650	Tax Return		
	a Employee's soc. sec. no 745-15-3091		
Employee's address and ZIP code 15 State Employee's atate LD. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
SC_10310464043495.402832.41			
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be File	d With Employee's FEDERAL Tax Return
b Employer's Identification number c Employer's name, address, and ZIP code	12a See Instructions for Box 12	1 Wages, tips, other compensation 43495.40	2 Federal Income tax withheld 3286.00
BLUESTONE LLC	12b	3 Social security wages	4 Social security tax withheld
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
1 OAKDENE DR STE 200	\$		
BARRINGTON IL 60010-4036	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	- New York	9	10 Dependent care benefits
417002997	Company State City on	11 Nonqualified plans	13 Stap.tory Reference Third-party employels plan sick pay
SRIKANTH PEDAVALLI	Copy 2 for State, City, or Local Tax Departments		EMEROYON DIAM BICK PRISY
5303 VASSAR DR		14 Other	
GREER SC 29650	a Employee's soc. sec. no		
f Employee's address and ZIP code	745-15-3091		1551
15 State Employer's state I.D. No. 16 State wages, tips, circ. 17 State Income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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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 S	TATE, CITY, or LOCAL Tax Departments
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 S	TATE, CITY, or LOCAL Tax Departments
REV 12/29/20 OSP	OMB # 1545-0008		
REV 12/29/20 OSP b Employer's identification number c Employer's name, address, and ZIP code 26-0020648	12a See Instructions for Box 12	1 Wages, lips, other compensation 43495.40	2 Federal income tax withheld 3286.00
REV 12/29/20 OSP b Employer's identification number 26 - 002064 P	12a See Instructions for Box 12 \$ 12b \$	1 Wages, lips, other compensation	2 Federal income tax withheld 3286.00
REV 12/29/20 OSP b Employer's identification number c Employer's name, address, and ZIP code 26-0020648	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, lips, other compensation 43495.40	2 Federal income tax withheld 3286.00
BLUESTONE LLC 1 OAKDENE DR STE 200	12a See Instructions for Box 12 \$ 12b \$	1 Wages, Ups, other compensation 43495.40 3 Social security wages 5 Medicare wages and Ups	2 Federal income tax withheld 3286.00
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