

b Employer's Identification number c Employer's name, address, and ZIP code		26-0452051		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
SOFTWARE ENTERPRISE, LLC 360 BLOOMFIELD AVE #301 WINDSOR CT 06095		13246370		\$	2013.46	101.16	
				12b	3 Social security wages	4 Social security tax withheld	
				\$	2013.46	124.83	
				12c	5 Medicare wages and tips	6 Medicare tax withheld	
KALYAN RATHIPELLI 1610 FAIRFIELD AVE BRIDGEPORT CT 06605		13246370		\$	2013.46	29.20	
				12d	7 Social security tips	8 Allocated tips	
f Employee's address and ZIP code				This information is being furnished to the Internal Revenue Service	9	10 Dependent care benefits	
15 State		16 State wages, tips, etc.			11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay	
CT	42937714-000	2013.46	14.89		14 Other		
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		26-0452051		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
SOFTWARE ENTERPRISE, LLC 360 BLOOMFIELD AVE #301 WINDSOR CT 06095		13246370		\$	2013.46	101.16	
				12b	3 Social security wages	4 Social security tax withheld	
				\$	2013.46	124.83	
				12c	5 Medicare wages and tips	6 Medicare tax withheld	
KALYAN RATHIPELLI 1610 FAIRFIELD AVE BRIDGEPORT CT 06605		13246370		\$	2013.46	29.20	
				12d	7 Social security tips	8 Allocated tips	
f Employee's address and ZIP code				Copy 2 for State, City, or Local Tax Departments	9	10 Dependent care benefits	
15 State		16 State wages, tips, etc.			11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay	
CT	42937714-000	2013.46	14.89		14 Other		
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		

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CT	42937714-000	2013.46	14.89		14 Other		
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		

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KALYAN RATHIPELLI 1610 FAIRFIELD AVE BRIDGEPORT CT 06605		13246370		\$	2013.46	29.20	
				12d	7 Social security tips	8 Allocated tips	
f Employee's address and ZIP code				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 fail to report it.	9	10 Dependent care benefits	
15 State		16 State wages, tips, etc.			11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay	
CT	42937714-000	2013.46	14.89		14 Other		
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008	Copy C For Employee's Records		