<u>b Employer's Identification number</u> 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	2013.46	101.16
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
SOFIWARE ENIERPRISE, LLC	ls	2013.46	124.83
262 55 00055555 3255 11201	12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301	\$	2013.46	29.20
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	 \$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
KALYAN RATHIPELLI	Cany D To Do Filed with		employee plan sick pay
1610 FAIRFIELD AVE	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other	
	Tax Return		
BRIDGEPORT CT 06605			
BRIDGEPORI CI 06005	a Employee's soc. sec. no		
	631-35-5073		
f Employee's address and ZIP code			
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
CT 42937714-000 2013.46 14.89			
		F	
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return
2020			
b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld

c Employer's name, address, and ZIP code	\$	2013.46	101.16
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
SOFIWARE ENTERIRIES, ELC	ls	2013.46	124.83
360 BLOOMFIELD AVE #301	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	2013.46	29.20
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370			
KALYAN RATHIPELLI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
1610 FAIRFIELD AVE		14 Other	
BRIDGEPORT CT 06605	a Employee's soc. sec. no		
f Employee's address and ZIP code	631-35-5073		
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
CT 42937714-000 2013.46 14.89			
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 ST	ATE, CITY, or LOCAL Tax Departments

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b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-0452051	\$	2013.46	101.16
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
	ls	2013.46	124.83
	12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301	\$	2013.46	29.20
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	IS		
e Employee's first name and initial Last name		9	10 Dependent care benefits
13246370			
KALYAN RATHIPELLI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
1610 FAIRFIELD AVE	Local Tax Departments		
1010 FAIRFIELD AVE		14 Other	
BRIDGEPORT CT 06605	a Employee's soc. sec. no		
f Employee's address and ZIP code	631-35-5073	1	
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
CT 42937714-000 2013.46 14.89		L	
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 STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 26-0452051	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	2013.46	101.16
SOFTWARE ENTERPRISE, LLC	12b	3 Social security wages	4 Social security tax withheld
SOFTWARE ENTERIRISE, ELC	\$	2013.46	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
360 BLOOMFIELD AVE #301	\$	2013.46	29.20
	12d	7 Social security tips	8 Allocated tips
WINDSOR CT 06095	\$		
e Employee's first name and initial Last name	This information is being furnished to the		10 Dependent care benefits
13246370	Internal Revenue Service. If you are required to file a tax return, a negligence		
KALYAN RATHIPELLI 1610 FAIRFIELD AVE	penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Copy C for Employee's Records (see notice to Employee on back.)	14 Other	
BRIDGEPORT CT 06605	a Employee's soc. sec. no		
f Employee's address and ZIP code	631-35-5073		
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
CT 42937714-000 2013.46 14.8	9		
Form W-2 Wage and Tax Statement	OMB # 1545-0008	•	Copy C For Employee's Records

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service