

|   |                            |   |  |                                  |                            |                         |
|---|----------------------------|---|--|----------------------------------|----------------------------|-------------------------|
| <b>a</b> Employee's SSN 752-24-7697   |                            | <b>b</b> Employer identification number (EIN) 27-3792722  |  |                                  | OMB No. 1545-0008          |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>MERITORE TECHNOLOGIES LLC<br><br>44790 MAYNARD SQ STE 350<br><br>ASHBURN VA 20147-6515 |                            | <b>1</b> Wgs, tips, other compn<br>62880.00   | <b>2</b> Fed inc tax withheld<br>4323.00 | <b>3</b> Social security wages   |                            |                         |
|   |                            | <b>4</b> SS tax withheld  | <b>5</b> Medicare wages & tips           | <b>6</b> Medicare tax withheld   |                            |                         |
|   |                            | <b>7</b> Social security tips   | <b>8</b> Allocated tips                  | <b>9</b>                         |                            |                         |
| <b>d</b> Control number   |                            | <b>10</b> Depdnt care benefits  | <b>11</b> Nonqualified plans             | <b>12a</b>                       |                            |                         |
| <b>e</b> Employee's name, address, and ZIP code<br>NAGA MAHESH DEVINENI<br>13305 SANCTUARY COVE DR APT30<br>TEMPLE TERRACE FL 33637       |                            | <b>13</b><br>Statutory employee <input type="checkbox"/><br><br>Retirement plan <input type="checkbox"/><br><br>Third-party sick pay <input type="checkbox"/> | <b>14</b> Other                          | <b>12b</b>                       |                            |                         |
|   |                            |   |  | <b>12c</b>                       |                            |                         |
|   |                            |   |  | <b>12d</b>                       |                            |                         |
| <b>15</b> State   | Employer's state ID number | <b>16</b> State wages, tips, etc  | <b>17</b> State income tax               | <b>18</b> Local wages, tips, etc | <b>19</b> Local income tax | <b>20</b> Locality name |

Form **W-2**  
**Wage and Tax Statement**  
**2020**

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

REV 12/22/20 QBDT

Department of the Treasury — IRS

|   |                         |   |  |                                  |                            |                         |
|---|-------------------------|---|--|----------------------------------|----------------------------|-------------------------|
| <b>a</b> Employee's SSN 752-24-7697   |                         | <b>b</b> Employer identification number (EIN) 27-3792722  |  |                                  | OMB No. 1545-0008          |                         |
| <b>c</b> Employer's name, address, and ZIP code<br>MERITORE TECHNOLOGIES LLC<br><br>44790 MAYNARD SQ STE 350<br><br>ASHBURN VA 20147-6515 |                         | <b>1</b> Wgs, tips, other compn<br>62880.00   | <b>2</b> Fed inc tax withheld<br>4323.00 | <b>3</b> Social security wages   |                            |                         |
|   |                         | <b>4</b> SS tax withheld  | <b>5</b> Medicare wages & tips           | <b>6</b> Medicare tax withheld   |                            |                         |
|   |                         | <b>7</b> Social security tips   | <b>8</b> Allocated tips                  | <b>9</b>                         |                            |                         |
| <b>d</b> Control number   |                         | <b>10</b> Depdnt care benefits  | <b>11</b> Nonqualified plans             | <b>12a</b>                       |                            |                         |
| <b>e</b> Employee's name, address, and ZIP code<br>NAGA MAHESH DEVINENI<br>13305 SANCTUARY COVE DR APT30<br>TEMPLE TERRACE FL 33637       |                         | <b>13</b><br>Statutory employee <input type="checkbox"/><br><br>Retirement plan <input type="checkbox"/><br><br>Third-party sick pay <input type="checkbox"/> | <b>14</b> Other                          | <b>12b</b>                       |                            |                         |
|   |                         |   |  | <b>12c</b>                       |                            |                         |
|   |                         |   |  | <b>12d</b>                       |                            |                         |
| <b>15</b> State   | Employer's state ID No. | <b>16</b> State wages, tips, etc  | <b>17</b> State income tax               | <b>18</b> Local wages, tips, etc | <b>19</b> Local income tax | <b>20</b> Locality name |

Form **W-2**  
**Wage and Tax Statement**  
**2020**

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/22/20 QBDT

|   |                         |   |  |   |                            |                         |  |  |
|---|-------------------------|---|--|---|----------------------------|-------------------------|--|--|
| <b>a</b> Employee's SSN 752-24-7697   |                         | <b>b</b> Employer identification number (EIN) 27-3792722  |  |   | OMB No. 1545-0008          |                         |  |  |
| <b>c</b> Employer's name, address, and ZIP code<br>MERITORE TECHNOLOGIES LLC<br><br>44790 MAYNARD SQ STE 350<br><br>ASHBURN VA 20147-6515 |                         | This information is being furnished to the IRS. 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. |  |   |                            |                         |  |  |
|   |                         | <b>1</b> Wgs, tips, other compn<br>62880.00   | <b>2</b> Fed inc tax withheld<br>4323.00 | <b>3</b> Social security wages  |                            |                         |  |  |
|   |                         | <b>4</b> SS tax withheld  | <b>5</b> Medicare wages & tips           | <b>6</b> Medicare tax withheld  |                            |                         |  |  |
| <b>d</b> Control No.  |                         | <b>7</b> Social security tips   | <b>8</b> Allocated tips                  | <b>9</b>  |                            |                         |  |  |
| <b>e</b> Employee's name, address, and ZIP code<br>NAGA MAHESH DEVINENI<br>13305 SANCTUARY COVE DR APT30<br>TEMPLE TERRACE FL 33637       |                         | <b>10</b> Depdnt care benefits  | <b>11</b> Nonqualified plans             | <b>12a</b>  |                            |                         |  |  |
|   |                         |   |  | <b>13</b><br>Statutory employee <input type="checkbox"/><br><br>Retirement plan <input type="checkbox"/><br><br>Third-party sick pay <input type="checkbox"/> | <b>14</b> Other            | <b>12b</b>              |  |  |
|   |                         |   |  |   |                            | <b>12c</b>              |  |  |
| <b>12d</b>  |                         |   |  |   |                            |                         |  |  |
| <b>15</b> State   | Employer's state ID No. | <b>16</b> State wages, tips, etc  | <b>17</b> State income tax               | <b>18</b> Local wages, tips, etc  | <b>19</b> Local income tax | <b>20</b> Locality name |  |  |

Form **W-2**  
**Wage and Tax Statement**  
**2020**

Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)

REV 12/22/20 QBDT