

| Copy B To Be Filed With Employee's<br>FEDERAL Tax Return   |  | 2020                                      |                     | OMB No.<br>1545-0008          |
|--|--|---|---------------------|-------------------------------|
| a. Employee's SSN<br>XXX-XX-5140   | 1 Wages, tips, other comp.<br>78660.02 | 2 Federal income tax withheld<br>10509.99 |                     |                               |
| b. Employer ID number<br>26-0207761  | 3 Social security wages<br>12648.44    | 4 Social security tax withheld<br>784.20  |                     |                               |
|  | 5 Medicare wages and tips<br>12648.44  | 6 Medicare tax withheld<br>183.40         |                     |                               |
| c. Employer's name, address, and ZIP code<br>PROGRESS SOLUTIONS INC<br>2601 Network Blvd STE 450<br>FRISCO, TX 75034   |  |   |                     |                               |
| d. Control number<br>40  |  |   |                     |                               |
| e. Employee's name, address, and ZIP code<br>Jayanth Reddy Gachumale<br>20828 W Glen Haven Cir<br>Northville, MI 48167 |  |   |                     |                               |
| 7 Social security tips   |  | 8 Allocated tips                          |                     |                               |
| 10 Dependent care benefits   |  | 11 Nonqualified plans                     |                     | 12a Code See inst. for box 12 |
| 13 Statutory employee  | 14 Other<br>United Hea 2,924.60        |   | 12b Code            |                               |
| Retirement plan  |  |   | 12c Code            |                               |
| Third party sick pay   |  |   | 12d Code            |                               |
| MI   | 26-0207761                             | 78660.02                                  | 2939.28             |                               |
| 15 State Emplr.'s state ID #   | 16 State wages, tips, etc.             |   | 17 State income tax |                               |
| 18 Local wages, tips, etc.   | 19 Local income tax                    |   | 20 Locality name    |                               |

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service. 39-1908647

| Copy 2 To Be Filed With Employee's State,<br>City, or Local Income Tax Return  |  | 2020                                      |                     | OMB No.<br>1545-0008          |
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Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS  
39-1908647

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

| Copy C For EMPLOYEE'S RECORDS<br>(See Notice to Employee)  |  | 2020                                      |                     | OMB No.<br>1545-0008          |
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