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|--|---------------------------------|----------------------------|--------------------|
| Employee Reference Copy W-2 Wage and Tax Statement 2020 Copy C for employee's records. OMB No. 1545-0008 | | | |
| d Control number | Dept. | Corp. | Employer use only |
| 000204 | RX/8BR | | 62 |
| c Employer's name, address, and ZIP code | | | |
| EXA DATA SOLUTIONS INC 15 CORPORATE PLACE SOUTH STE 320 PISCATAWAY, NJ 08854 Batch #90370 | | | |
| e/f Employee's name, address, and ZIP code | | | |
| PRUDHVI KANTEM 750 NORTH DEARBORN STREET CHICAGO, IL 60654 | | | |
| b Employer's FED ID number | a Employee's SSA number | | |
| 27-0425334 | XXX-XX-2432 | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 11460.00 | 1581.78 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 11460.00 | 710.52 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 11460.00 | 166.17 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. | Ret. plan | 3rd party sick pay |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 27-0425334 000 | 11460.00 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 567.28 | | | |
| 19 Local income tax | 20 Locality name | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | IL State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 11,460.00 | 11,460.00 | 11,460.00 | 11,460.00 |
| Reported W-2 Wages | 11,460.00 | 11,460.00 | 11,460.00 | 11,460.00 |

2. Employee Name and Address.

PRUDHVI KANTEM
750 NORTH DEARBORN STREET
CHICAGO, IL 60654

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| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. | Ret. plan | 3rd party sick pay |
| e/f Employee's name, address and ZIP code | | | |
| PRUDHVI KANTEM 750 NORTH DEARBORN STREET CHICAGO, IL 60654 | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 27-0425334 000 | 11460.00 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 567.28 | | | |
| 19 Local income tax | 20 Locality name | | |
| Federal Filing Copy W-2 Wage and Tax Statement 2020 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | |

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| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| IL | 27-0425334 000 | 11460.00 | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 567.28 | | | |
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| IL State Reference Copy W-2 Wage and Tax Statement 2020 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 | | | |

| | | | |
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