Copy B To Be Filed V FEDERAL Tax Retur	. ,	2020	OMB No. 1545-0008		2 To Be Filed V r Local Incom			2020	OMB N 1545-00	
a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income			yee's SSN		s,tips, other comp.	2 Federal incom		
662-51-3212	3 Social security wages		4 Social security tax withheld		662-51-3212		3 Social security wages		4 Social security tax withheld	
b. Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld		b. Emplo	b. Employer ID number		E Modice to wages and time		·	
26-1206788	5 Medicare wages and tips	Medicare wages and tips 6 Medicare tax withheid		26-1	5 Medicare wages and tips			6 Medicare tax withheld		
c. Employer's name, addre				1 '	yer's name, addre					
CONFLUX SYST 11539 PARK W					FLUX SYST: 39 PARK W					
SUITE 302	OODS CIRCIII				TE 302	OODD C	INCEL			
ALPHARETTA,	GA 30005			ALP	HARETTA,	GA 300	05			
d. Control number				d. Contro	ol number					
e. Employee's name, addre	ess, and ZIP code			'	yee's name, addre	ss, and ZIP	code			
THARUN THATI	KONDA			THA	RUN THATI	KONDA				
35107 DEER T					07 DEER T					
ALPHARETTA,	GA 30004			ALP	HARETTA,	GA 300	04			
Social security tips 8 Allocated tips				7 Social security tips		8	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See i	nst. for box 12	10 Deper	ident care benefits	. 11	Nonqualified plans	12a Code Se	e inst. for box	
13 Statutory employee	Statutory employee 14 Other		12b Code		13 Statutory employee		14 Other		12b Code	
Retirement plan	Retirement plan		12c Code		Retirement plan				12c Code	
Third party sick pay	Third party sick pay		12d Code		Third party sick pay				12d Code	
 GA 3105943-K	308	0.00	140.68	GA	3105943-	K C	3080.	00	140.6	
						-		. 00	140.0	
15 State Emplr.'s state 18 Local wages, tips,etc.	D # 16 State wages, tips,	etc. 17 State incor		15 State	Emplr.'s state wages, tips, etc		16 State wages, tips, etc. Local income tax	17 State in		
0					0					
penalty/other sanction may be imposed on you if this income is taxable topy C For EMPLOYEE'S RECORDS See Notice to Employee)		2020	0.45		Copy 2 To Be Filed Wi				2020 OMB No 1545-00	
a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income	tax withheld 229.14		yee's SSN		t, tips, other comp.	2 Federal income	e tax withheld	
662-51-3212	3 Social security wages	4 Social security ta		662-	51-3212	3 Social	security wages	4 Social security		
b. Employer ID number	5 Medicare wages and tips	6 Medicare tax wi	thheld	b. Emp lo	oyer ID number	5 Medica	re wages and tips	6 Medicare tax v	v ith he l d	
26-1206788 c. Employer's name, addre	and ZID and				L206788	710				
CONFLUX SYST					yer's name, addre FLUX SYST					
11539 PARK W	OODS CIRCLE				39 PARK W	OODS C	IRCLE			
SUITE 302	C3 2000E				TE 302	C7 200	0 E			
ALPHARETTA, d. Control number	GA 30005				HARETTA,	GA 300	05			
197				197						
e. Employee's name, addre					yee's name, addres		code			
THARUN THATIKONDA 35107 DEER TRAIL					THARUN THATIKONDA 35107 DEER TRAIL					
ALPHARETTA,					HARETTA,		04			
7 Social security tips	8 Allocated tips				security tips		Allocated tips			
10 Dependent care benefi	·	12a Code, See i	net for hoy 12				· 	12a Codo Sor	ningt for hove	
			12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 1	
13 Statutory employee 1	4 Other	12b Code		13 Statu	tory employee	14 Other		12b Code		
Retirement plan		12c Code		Re	tirement plan			12c Code		
Third party sick pay		12d Code		Thir	d party sick pay			12d Code		
GA 3105943-K	308	0.00	140.68	GA	3105943-	KS	3080.	.00	140.6	
15 State Emplr.'s state	ID# 16 State wages, tips,	etc. 17 State incor	ne tax	15 State	Emplr.'s state I	D#	16 State wages, tips, etc.	17 State inc	come tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality nam			wages, tips, etc.		Local income tax	20 Locality na		
Form W-2 Wage and Tax	Statement 39-190864	47 Dept. of the	Treasury IRS	Form	W-2 Wage and Ta	x Statement	39-1908647	Dept. of the	Treasury IF	

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