a Employee's SSN 675-08-2001	b Employer identification r	number (EIN) 27-08	89031	OMB No. 1545-000
C Employer's name, address, and ZIP code	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2
ADISÝS CORPORATION	63258.26 4 SS tax withheld	6743.00 5 Medicare wages & tips		Wage and
1 LAKE BELLEVUE DR STE 209	1395.00	22500.00	326.25	Tax
BELLEVUE WA 98005	7 Social security tips	8 Allocated tips	9	Statemen
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2020
Employee's name, address, and ZIP code Suf	f. 13	14 Other	12b	2020
Constitution	Statutory employee .	WA-L&I 127.52		Conv. P. To Be Filed
SATYANARAYANA CHELLUBOINA 201 SW 5TH PL #H301	Retirement plan		12c	Copy B To Be Filed Employee's FEDERATAX Return
RENTON WA 98057	Retirement plan : .		12d	This information is being furnished to the International Revenue Service.
5 State Employer's state ID number 16 State wages, tips, etc	Third-party sick pay 17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
5 State Employer's state in number 10 State wages, tips, etc				
EV 01/19/21 QBDT			Depa	artment of the Treasury -
Employee's SSN 675-08-2001	b Employer identification r	number (FIN) 27-088	39031	OMB No. 1545-000
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DISYS CORPORATION	63258.26 4 SS tax withheld	6743.00 5 Medicare wages & tips	22500.00 6 Medicare tax withheld	Wage an
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BELLEVUE WA 98005	7 Social security tips	8 Allocated tips	9	Statemen
Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2020
Employee's name, address, and ZIP code Suff	13	14 Other	12b	2020
COUNCIDENCES Harrie, address, and Zin Council Property	Statutory employee	WA-L&I 127.52		Copy 2 To Be Filed With
SATYANARAYANA CHELLUBOINA 201 SW 5TH PL #H301	Retirement plan		12c	Employee's Sta
RENTON WA 98057	Retirement plan	No. of the last of	12d	City, or Local
5 State Employer's state ID No. 16 State wages, tips, etc	Third-party sick pay 17 State income tax	18 Local wages, tips, etc	19 Local income tax	Return. 20 Locality name
State Employer's state in No.				
EV 01/19/21 QBDT				
Employee's SSN 675-08-2001	b Employer identification n			
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Employer's name, address, and ZIP code ADISYS CORPORATION LAKE BELLEVUE DR STE 209 BELLEVUE WA 98005 Control No. Employee's name, address, and ZIP code SATYANARAYANA CHELLUBOINA COL SW 5TH PL #H301	This information is being furnother sanction may be imposed the sanction may be imposed the sanction may be imposed the sanction may be imposed to sanction may be imposed the sanction may be imposed to sanction	ished to the IRS. If you are resed on you if this income is tax 2 Fed inc tax withheld 6743.00 5 Medicare wages & tips 22500.00 8 Allocated tips 11 Nonqualified plans	quired to file a tax return, a neable and you fail to report it. 3 Social security wages 22500.00 6 Medicare tax withheld 326.25 9 12a 12b 12c	Form W-2 Wage and Tax Statement 2020 Copy C For EMPLOYEE'S RECORDS. (See Notice to
Employer's name, address, and ZIP code DISYS CORPORATION LAKE BELLEVUE DR STE 209 ELLEVUE WA 98005 Control No. Employee's name, address, and ZIP code Suff. ATYANARAYANA CHELLUBOINA 01 SW 5TH PL #H301 ENTON WA 98057	This information is being furnother sanction may be imposed to the sanction may be imposed to	ished to the IRS. If you are reled on you if this income is tax 2 Fed inc tax withheld 6743.00 5 Medicare wages & tips 22500.00 8 Allocated tips 11 Nonqualified plans 14 Other WA-L&I 127.52	quired to file a tax return, a neable and you fail to report it. 3 Social security wages 22500.00 6 Medicare tax withheld 326.25 9 12a 12b 12c 12d	Form W-2 Wage and Tax Statemen 2020 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)