a Employee's SSN 040-19-3423		D Employer identification n	withwest (= 111)	000/0	OMB No. 1545-0008
C Employer's name, address, and ZIP code SPRY INFO SOLUTIONS, INC.		1 Wgs, tips, other compn 49790.07	2 Fed inc tax withheld 6326.00	3 Social security wages	Form $W-2$
9330 LBJ FREEWAY SUITE 900		4 SS tax withheld	5 Medicare wages & tips 0.00	6 Medicare tax withheld 0.00	Wage and
DALLAS TX 75243		7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code Suff.		13	14 Other	DD 704.25	2020
SRINATH PARVATANENI 17001 LEXINGTON FARM DR		Statutory employee .		12c	Copy B To Be Filed with
		Retirement plan			Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being
ALPHARETTA GA	30004	Third-party sick pay		12d	furnished to the Internal Revenue Service.
15 State Employer's state ID number GA 3195820-VF	16 State wages, tips, etc 49790.07	7 State income tax 2369.39	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/22/20 QBDT	<u> </u>			Denar	tment of the Treasury — IRS
a Employee's SSN 640-19-34		b Employer identification r	1		OMB No. 1545-0008
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DALLAS TX	75243	7 Social security tips	8 Allocated tips	9	Statement
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