2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Employer use only Corp. Dept.

Control number BJ40 0000000489 RP6 Employer's name, address, and ZIP code

TAKE TWO INTERACTIVE SOFTWARE

110 WEST 44TH STREET 2ND FLOOR NEW YORK, NY 10036

e/f Employee's name, address, and ZIP code

PRITAM ROY 40 E CHERRY ST UNIT 510 RAHWAY, NJ 07065

Employer's FED ID number 51 - 0350842 a Employee's SSA number XXX-XX-9614 2 Federal income tax withheld Wages, tips, other comp. 13664.80 110596.88 4 Social security tax withheld Social security wages 7138.83 115142.41 6 Medicare tax withheld ledicare wages and tips 1669.56 115142.41 8 Allocated tips 10 Dependent care benefits. 12a See instructions for box 12 C 242.80 11 Nonqualified plans 12b D 196.72 NY PFL 14 Other 19626.08 12c DD 12d | 13 Stat emp | Ret. plan | 3rd party sick party 15 State Employer's state ID no. 16 State wages, tips, etc. 110596.88 NY 510350842 18 Local wages, tips, etc. 17 State income tax 6862.49 19 Local income tax 20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those vigrashown on your last pay statement, plus any additional or ensation or adjustments received after the payroll close.

Your gross ray .ay not match your box 1 totals due to adjustments made if GTL, 401(k), cafeteria plans, etc...

 σ , range your employee W-4 profile information, le a new W-4 with your payroll department.

Social Security Number: XXX-XX-9614

PRITAL OY 40 E CHERRY ST UNIT 510 RA WAY, NJ 07065

c 2020 ADP, Inc.

PAGE 01 OF 01

1	Wages, tips, other 1105	comp. 96.88	2 Federa	il income tax withheld 13664 . 80
3	Social security was	ges 42.41	4 Social	security tax withheld 7138.83
5	Medicare wages ar	nd tips 42.41	6 Medica	are tax withheld 1669.56
d 00	d Control number 0000000489 RP6		Corp. BJ40	Employer use only 2471

c Employer's name, address, and ZIP code

TAKE TWO INTERACTIVE SOFTWARE INC 110 WEST 44TH STREET 2ND FLOOR NEW YORK, NY 10036

b	Employer's FED ID number 51 - 0350842	a Employee's SSA number XXX-XX-9614 8 Allocated tips 10 Dependent care benefits		
7	Social security tips			
9				
11	Nonqualified plans	12a See instructions for box 12 C 242.80		
14	Other 196.72 NY PFL	^{12b} D 4545.53		
		12c DD 19626.08		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pa		
e/	f Employee's name, address a	and ZIP code		
	PRITAM ROY			

40 E CHERRY ST **UNIT 510** RAHWAY, NJ 07065

15	State NY	Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17 State income tax 6862.49			18 Local wages, tips, etc.
19 Local income tax		l income tax	20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu

3	ages, tips, other	comp. 596.88	2 Federal income tax withheld 13664.80		
	115142.41		4 Social security tax withheld 7138.83		
5			6 Medicare tax withheld 1669.56		
d			Corp. BJ40	Employer use only 2471	

TAKE TWO INTERACTIVE SOFTWARE IVC

110 WEST 44TH STREET 2ND FLOOR NEW YORK, NY 10036

b	Employer's FED ID number 51 - 0350842	a Employee's SSA number XXX-XX-9614		
7	Social security tips	8 Allocated tips		
Ç		10 Depende	ent care	benefits
11	Nonqualified plans	12a C		242.80
14	Other 196.72 NY PFL	^{12b} D		4545.53
		12c DD		19626.08
	•	12d		
		13 Stat emp. F	Ret. plan	3rd party sick pa
e/f	Employee's name, address a	nd ZIP code		

40 E CHERRY ST UNIT 510 RAHWAY, NJ 07065

15	State NY	Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17	7 State	income tax 6862.49	18 Local wages, tips, etc.
19	Loca	l income tax	20 Locality name

N. State Filing Copy Statement OMB No.

1	Wages, tips, other 1105	comp. 96.88	2 Federa	l income tax withheld 13664.80
3	Social security was	ges 42.41	4 Social security tax withheld 7138.83	
5	Medicare wages at	nd tips 42.41	6 Medica	are tax withheld 1669.56
d 00	Control number 00000489 RP6	Dept.	Corp. BJ40	Employer use only 2471

TAKE TWO !NTERACTIVE SOFTWARE INC 110 WEST 4 TH STREET 2ND FLC J'. NEW Y P., NY 10036

a Employee's SSA number XXX-XX-9614		
8 Allocated tips		
10 Dependent care benefits		
12a C 242.80		
¹²⁶ D 4545.53		
12c DD 19626.08		
12d		
13 Stat emp. Ret. plan 3rd party sick pa		

PRITAM ROY 40 E CHERRY ST UNIT 510 RAHWAY, NJ 07065

15 State Employer's state ID no NY 510350842 3		Employer's state ID no. 510350842 3	110596.8		
17 State income tax 6862.49			18 Local wages, tips, etc.		
19 Local income tax		l income tax	20 Locality name		

City or Local Filing Copy Wage and Tax Statement

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy

Wage and Tax
Statement
Copy C for employee's records.

Dept. Corp.
CABJ
S0051654 VPX
CABJ
STANSON AND Address, and ZIP code

Employer's name, address, and ZIP code
FOX TECHNOLOGY CENTER LLC
1440 S SEPULVEDA BLVD STE 1600
LOS ANGELES, CA 90025

e/f Employee's name, address, and ZIP code

PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342

b	Emplo	yer's FED ID number 84-3726325	XXX-XX-9014
1	Wage	s, tips, other comp.	2 Federal income tax withheld
•	Wage.	61744.57	7915.17
3	Social	security wages 64600.36	4 Social security tax withheld
5	Madia	are wages and tips	6 Medicare tax withheld
J	Medic	64600.36	000 71
7	Social	security tips	8 Allocated tips
9			10 Dependent care benefits
11 Nonqualified plans		alified plans	12a See instructions for box 12 C 116.28
		38.71 PA SUI	12b D 2855.79
14	Other	00.71	12c DD 9049.44
			12d
			13 Stat emp. Ret. plan 3rd party sick par
15			no. 16 State wages, tips, etc.
	PA	2019 2861	64600.36
17	State	income tax 1983.20	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

Social Security Number: XXX-XX-9614

PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342

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PAGE 01 OF 01

1	Wages, tips, other 617	comp. 44.57	2 Federa	l income tax withheld 7915 . 17
3	Social security was	ges 00.36	4 Social security tax withheld 4005.22	
5	Medicare wages an	d tips 00.36	6 Medica	are tax withheld 936.71
d 50	Control number 0051654 VPX	Dept.	Corp. C48J	Employer use only 724

FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025

b	Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a See instructions for box 12 C 116.28		
14	Other 38.71 PA SUI	^{12b} D 2855.79		
		12c DD 9049.44		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342

15	State PA	Employer's state ID no. 2019 2861	16 State wages, tips, etc. 64600.36
17	State	income tax 1983.20	18 Local wages, tips, etc.
19	Loca	l income tax	20 Locality name

Federal Filing Copy
Wage and Tax 2020
Statement OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other 617	comp. 744.57	2 Federa	income tax withheld 7915.17
3	Social security was	ges 500.36	4 Social	security tax withheld 4005.22
5	Medicare wages ar 646	nd tips 500.36	6 Medica	re tax withheld 936 . 71
d 50	Control number 0051654 VPX	Dept.	Corp. C48J	Employer use only 724

Employer's name, address, and ZIP code
FOX TECHNOLOGY CENTER LLC
1440 S SEPULVEDA BLVD STE 1600
LOS ANGELES, CA 90025

b	Employer's FED ID number 84-3726325	a Employ	/ee's SS. XXX	A number XX-9614
7	Social security tips	8 Allocat	ed tips	
g		10 Depen	dent car	e benefits
11	Nonqualified plans	12a C		116.28
14	Other 38.71 PA SUI	12b D		2855.79
		12c DD		9049.44
		12d		
		13 Stat emp	Ret. plan	3rd party sick pay

PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342

15	State PA	Employer's state ID no. 2019 2861	16 State wages, tips, etc. 64600.36
17	State	income tax 1983.20	18 Local wages, tips, etc.
19	Loca	income tax	20 Locality name

PA. State Filing Copy
Wage and Tax
Statement
OMB No. 1545-0008

d 50	Control number 0051654 VPX	Dept.	Corp.	Employer use only 724
5	Medicare wages ar 646	nd tips 00 . 36	6 Medica	are tax withheld 936.71
3	Social security was	ges 00.36	4 Social	security tax withheld 4005.22
1	Wages, tips, other 617	comp. 44 . 57	2 Federa	ol income tax withheld 7915.17

Employer's name, address, and ZIP code FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025

b	Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a C 116.28
14	Other 38.71 PA SUI	^{12b} D 2855.79
		12c DD 9049.44
		12d
		13 Stat emp. Ret. plan 3rd party sick par

PRITAM ROY 304 ELTON FARM CIRCLE GLEN M!LLS, PA 19342

	State PA	Employer's state ID no. 2019 2861	16	State wages, tips, etc. 64600.36
17	State	income tax 1983.20	18	Local wages, tips, etc.
19	Loca	l income tax	20	Locality name

City or Local Filing Copy

Wage and Tax

OMB No. 1545-008

Copy 2 to be filed with employee's City or Local Income Tax Return.

COLUMBUS OH 43218-2051

Recipient's Information

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0058670 107 NSP0TAS0 1Z7 000000000000 0802 NY

PRITAM ROY 304 ELTON FARM CIR GLEN MILLS PA 19342 Tax Year 2020 Form 1099-INT Interest Income (Copy B)

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Payer's Information

Federal ID Number: 13-4994650 JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2020 FORM 1099 STATEMENTS ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Recipient's ID Number: XXX-XX-9614

Original

	4000 INIT Interest Incor	na					(OMB No. 1545-0112)
Sum	mary of Form 1099-INT Interest Incor	He	Amount	Box	Description		Amount
Box	Description		\$600.30	9.	Specified private acti	vity bond interest	\$0.00
1.	Interest income		***	10.	Market discount	,	\$0.00
2.	Early withdrawal penalty		\$0.00				\$0.00
3.	Interest on U.S. Savings Bonds and		***	11.	Bond premium Bond premium on Tre	asun obligations	\$0.00
	Treasury Obligations		\$0.00	12.	Bond premium on the	easury obligations	\$0.00
4.	Federal income tax withheld		\$0.00	13.	Bond premium on tax	(-exempt bond	(See Details)
5.	Investment expenses		\$0,00	14.		credit bond CUSIP no.	(See Details)
3	Foreign tax paid		\$0.00	15.	State		(See Details)
7.	Foreign country or U.S. possession		(See Details)	16.	State identification no	ο,	1
3.	Tax exempt interest		\$0.00	17.	State tax withheld		(See Details)
	Tax exempt messes				FATCA Filing require	ment	(See Details)
Deta	ils of Form 1099-INT Interest Income						(OMB No. 1545-0112)
-	unt Number Box #1 Inte	rest	Box #2	Early	Box #3 Interest	Other Boxes	
		ome	withdrawal p	enalty	on U.S. Savings Bonds and Treas. Obligations		
21051	2210 \$30	0.00		\$0.00	and the second s	#15 State	PA
	CKING	0.00		# T 10 T		FATCA Filing requirement	NO
	JDES CASH BONUS(ES) OF \$300.00						
38459	21684 \$30	0.30		\$0.00	\$0.00	#15 State	PA
SAVII	NGS JDES CASH BONUS(ES) OF \$300.00					FATCA Filing requirement	NO

CORRECT OF CORRECT OF COUNTY, ZIP STATE OF COUNTY, ZIP STATE OF COUNTY, ZIP OF CO	1 Rents 29015.01 2 Royalties	OMB No. 1545-0115	liscellaneous Income
1 WILMINGTON WEST CHIEF		Form 1099-MISC	
HADDS FORD PA 19317	\$	4 Federal income tax withheld	0
10-459-7900	3 Other income	\$	Copy 2
	5 Fishing boat proceeds	6 Medical and health care payments	To be filed with
PAYER'S TIN RECIPIENT'S TIN	5 Fishing Boat process		recipient's state income tax return, when required.
	\$	\$	
23-2430920 391-55-9614	7 Payer made direct sales of	8 Substitute payments in lieu of	
RECIPIENT'S name	\$5 000 or more of consume	dividends or interest	
PRITAM ROY	products to a buyer (recipient) for resale	\$	
	9 Crop insurance proceeds	10 Gross proceeds paid to an attorney	
Street address (including apt. no.)		attorney	
304 ELTON FARM CIRCLE	\$	\$	-
ZID or foreign postal code	11	12 Section 409A deferrals	
City or town, state or province, country, and ZIP or foreign postal code			
GLEN MILLS PA 19342		\$ 14 Nonqualified deferred	-
TATOA filing	13 Excess golden parachute	compensation	
Account number (see instructions) FATCA filling requirement	payments	\$	
PRITAM ROY	\$	16 State/Payer's state no.	17 State income
PRITAL	15 State tax withheld	PA14402226	\$
	\$		\$
	\$	Department of the Treasur	y - Internal Revenue Sen



Department of the True Internal Revenue Sen

OMB No.1545-2252

Health Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	records.	□ VOID □ CORRECTED	20 20
poposible Individual			
aspolitsible individual-First name, middle name, last name	2 Social security number (SSN or other TIN)	3 Date of birth (If SSN or other TIN is not available)	TIN is not available)
ROY	***_**-9614		
5 City or town	6 State or province	7 Country and ZIP or foreign postal code	postal code

	Name of responsible individual-First name, middle name, last name	, last name		2 Social security number	security r		SSN or o	ther TIN)	3 Dat	e of birth	n (It SSN	or other	IIN IS NO	(SSN or other TIN) 3 Date of birth (If SSN or other I IN is not available)	jle)	
DDITAM		ROY	Υ	***-**-9614	9614					.eu						
4 Street address (including apartment no.)	artment no.)		5 City or town	6 State	State or province	СӨ			7 Cc	untry an	d ZIP or	foreign p	Country and ZIP or foreign postal code	de		
	VT 510		RAHWAY	Z					0706	07065-4283	83					
				9 Reserved	rved											
	Color of the Health Coverage (see instructions for codes):	e instructions for codes	s): ▼													
ette	not the realth corollage (e	plover-Sponsor	r identifying Origin of the Treath Coverage (See instructions)	nstructions	8)				1						1	
Part II Information	II about oa mii Ei							05 1-11	11 E	mployer	identific	ation nur	Employer identification number (EIN)	ی		
10 Employer name TAKE TAKE INC. INTERACTIVE SOFTWARE, INC.	CTIVE SOFTWARE	INC.		- 3 Tu _n		Į,		100	5103	510350842	2		Ŷ.			
IANL-140 including	room or suite no.)		13 City or town	14 State or province	te or pro	ince			15	ountry a	and ZIP o	or foreign	Country and ZIP or foreign postal code	ode		
110 W 44TH STREET			NEW YORK	N _Y				0 PA E.	10036	6						Ī.
	Issuer or Other Coverage Provider (see instructions)	ovider (see instru	uctions)						64			-		6		
				17 Em	Employer identification number (EIN)	entificatio	in numbe	r (EIN)	18	Contact telephone number	elephone	e number				
CICNIA LIEAL TH AND LIFE INSURANCE CO.	DI IFF INSURANC	ECO.		591031071	31071			Y	855	8553107345	45	l de	Á			
CIGINATILATION	room or suite no.)		20 City or town	21 Sta	State or province	vince			22 (country a	and ZIP	or foreign	Country and ZIP or foreign postal code	ode		
19 Street address (including four or common and common	OVE ROAD		BLOOMFIELD	CT					06152	52						
900 COLLAGE GIVE	Individuals (Enter th	e information for	Covered Individuals (Enter the information for each covered individual.)	idual.)				120	18							
(a) Name of covered individual(s)	red individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months				oth	(e) N	(e) Months of coverage	f covera	ge				
First name, middle initial, last name	initial, last name				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 PRITAM	ROY	***_**-9614			×	×	×	×	×	×	×	×				
24 SUDIPTA	PANDEY	***_**-8952			×	×	×	×	×	×	×	×	P	a D		
ZIYAANSHI	PANDEY ROY	***_**-9242			×	×	×	×	×	×	×	×				
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