

b Employer's Identification number		46-3452093		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		AGGREGATE SOFTWARE TECHNOLOGY INC		\$		58145.00		7802.66	
6615 DELEON ST				12b		3 Social security wages		4 Social security tax withheld	
IRVING TX 75039				\$					
e Employee's first name and initial		Last name		12c		5 Medicare wages and tips		6 Medicare tax withheld	
SWATHI SARANGI		7640334		\$					
6615 DELEON ST				12d		7 Social security tips		8 Allocated tips	
IRVING TX 75039				\$					
f Employee's address and ZIP code				a Employee's soc. sec. no		9		10 Dependent care benefits	
15 State		Employer's state I.D. No.		646-71-1177		11 Nonqualified plans		13 Statutory employee	
16 State wages, tips, etc.		17 State income tax						Retirement plan	
18 Local wages, tips, etc.		19 Local income tax						Third-party sick pay	
20 Locality name									
Form W-2 Wage and Tax Statement		2020		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008			

b Employer's Identification number				12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				\$					
				12b		3 Social security wages		4 Social security tax withheld	
				\$					
e Employee's first name and initial		Last name		12c		5 Medicare wages and tips		6 Medicare tax withheld	
				\$					
				12d		7 Social security tips		8 Allocated tips	
				\$					
f Employee's address and ZIP code				a Employee's soc. sec. no		9		10 Dependent care benefits	
15 State		Employer's state I.D. No.				11 Nonqualified plans		13 Statutory employee	
16 State wages, tips, etc.		17 State income tax						Retirement plan	
18 Local wages, tips, etc.		19 Local income tax						Third-party sick pay	
20 Locality name									
Form W-2 Wage and Tax Statement				Department of the Treasury-Internal Revenue Service		OMB # 1545-0008			

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b Employer's Identification number				12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				\$					
				12b		3 Social security wages		4 Social security tax withheld	
				\$					
e Employee's first name and initial		Last name		12c		5 Medicare wages and tips		6 Medicare tax withheld	
				\$					
				12d		7 Social security tips		8 Allocated tips	
				\$					
f Employee's address and ZIP code				a Employee's soc. sec. no		9		10 Dependent care benefits	
15 State		Employer's state I.D. No.				11 Nonqualified plans		13 Statutory employee	
16 State wages, tips, etc.		17 State income tax						Retirement plan	
18 Local wages, tips, etc.		19 Local income tax						Third-party sick pay	
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Form W-2 Wage and Tax Statement				Department of the Treasury-Internal Revenue Service		OMB # 1545-0008			

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c Employer's name, address, and ZIP code				\$					
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f Employee's address and ZIP code				a Employee's soc. sec. no		9		10 Dependent care benefits	
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Form W-2 Wage and Tax Statement				Department of the Treasury-Internal Revenue Service		OMB # 1545-0008			