

b Employer's Identification number c Employer's name, address, and ZIP code		26-0452051 SOFTWARE ENTERPRISE, LLC 360 BLOOMFIELD AVE #301 WINDSOR CT 06095		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	40027.47	5915.20
				12b	3 Social security wages	4 Social security tax withheld
				\$	40027.47	2481.70
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	40027.47	580.40
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		13246370		9		10 Dependent care benefits
ASHISH PERAVALI 1610 FAIRFIELD AVE BRIDGEPORT CT 06605				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay
f Employee's address and ZIP code				14 Other		
				a Employee's soc. sec. no		
				395-65-8868		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CT	42937714-000	40027.47				

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		26-0452051 SOFTWARE ENTERPRISE, LLC 360 BLOOMFIELD AVE #301 WINDSOR CT 06095		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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CT	42937714-000	40027.47				

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/07/21 OSP

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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records