								ı	ederal Box 1	. Soc.	. Sec. Box 3 &	7 Medicare Box 5	
To the right is an Please note that	-2.	Gross Wages 28681.7				.70	70 28681.70 28681.						
						Group Term	Life						
						Adoption	Life						
						Deferred Co			(3624.	06)			
						Section 125					(264.0	0) (264.00)	
									(264.	00)			
						Other Preta	,	mit			(28417.7	0) (28417.70)	
						W-2 Wages			24792	.74			
D. CONTROL NUMBER 000058861001	This Information is to the Internal Rev		2020	OMB NO. 1545-0	008	1. WAGES, TIPS, OTHER COMPENSA 24792					2. FEDERAL INCOME TAX WITHHELD 2620.98		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD			
74-2747608		189-67-0244											
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AN	ID TIPS		6. MEDICA	ARE TAX WIT	HHELD	
Luminex Corporation													
12212 Technology Bl Austin TX 78727	vd					7. SOCIAL SECURITY TIPS			8. ALLOCA	TED TIPS			
Austili 1X 76727													
						9.				10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAI Ananth Nag	ME AND INITIAL	LAST NA Surapa		S	JFF.	11. NONQUALIFIED PLANS			12.a-d D		3624.96 2245.12		
		Surapi	anem			14. OTHER				DD		2245.12	
14705 Bescott Dr Austin TX 78728 USA						14. OTHER							
										13. STATUTO	ORY RETIF	THIRD PARTY SICK PAY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME T						ΔX	18 LOCAL	WAGES, TIP	S FTC 19	9. LOCAL INC		20. LOCALITY NAME	
25. STATE CHILDTEN	5 5 ATE 1.D. 140.	20.51AIL WAG	co, 111 5, E	In state live			25. LOCAL	oco, III	5, 216.	. LOCAL INC	OTHE THA	20. ESCRETT MANUE	

D. CONTROL NUM 000058861001	This information	is being furnished evenue Service	2020	OMB I	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPE 24	NSATION 792.74	2.FED	2. FEDERAL INCOME TAX WITHHELD 2620.98			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S 189-67-0244			SOCIAL SECURITY NUMBER			3. SOCIAL SE	CURITY WAGES		4. SOC	4. SOCIAL SECURITY TAX WITHHELD			
	AME, ADDRESS, AND ZIP	CODE				5. MEDICARE	WAGES AND TIPS	,	6. ME	DICARE TAX WIT	THHELD		
Luminex Corporation 12212 Technology Blvd Austin TX 78727						7. SOCIAL SE	CURITY TIPS		8. ALL	8. ALLOCATED TIPS			
			9.					10. DEI	10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIR Ananth Nag	ME SUFF.			11. NONQUALIFIED PLANS				D DD	3624.96 2245.12				
14705 Bescott I Austin TX 7872 USA						14. OTHER				NTUTORY RETI	REMENT X THIRD PARTY		
	LOYER'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY NAME		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000058861001	This Information is to the Internal Rev		2020 0	MB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 24792.74			2. FEDERAL INCOME TAX WITHHELD 2620.98				
B. EMPLOYER IDENTIFICA 74-2747608	TION NUMBER	A. EMPLOYEE'S 189-67-0244	SOCIAL SECUR	ITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, A Luminex Corporation		ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD			
12212 Technology Bl Austin TX 78727	vd				7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS			
					9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	FIED PLANS		12.a-d D	3624,96			
Ananth Nag Surapaneni								DD	2245.12			
14705 Bescott Dr Austin TX 78728 USA												
F. EMPLOYEE'S ADDRESS	AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY			
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			

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## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000058861001	This Information is to the Internal Rev		2020	OMB NO	). 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 24792.74			2. FED	2. FEDERAL INCOME TAX WITHHELD 2620.98			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 189-67-0244						3. SOCIAL SE	CURITY WAGES		4. 500	4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, A Luminex Corporation	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. ME	DICARE TAX WI	THHELD		
12212 Technology Blvd Austin TX 78727							URITY TIPS		8. ALL	8. ALLOCATED TIPS			
			9.			10. DEI	10. DEPENDENT CARE BENEFITS						
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUALIFIED PLANS				D		3624.96	
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14705 Bescott Dr Austin TX 78728 USA						14. OTHER							
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F. EMPLOYEE'S ADDRESS AND ZIP CODE									EM	PLOYEE PLA	N	SICK PAY	
15. STATE EMPLOYER'	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC	C. 17	STATE INCOME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALI	TY NAME	