

b Employer's identification number c Employer's name, address, and ZIP code		26-3644382		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
M9 CONSULTING INC 507, DENALI PASS DR SUITE # 603 CEDAR PARK TX 78613		Last name 1318796		L \$ 1988.00		116036.40		19525.41			
				12b \$		3 Social security wages		4 Social security tax withheld			
				12c \$		5 Medicare wages and tips		6 Medicare tax withheld			
				12d \$		7 Social security tips		8 Allocated tips			
e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return		9		10 Dependent care benefits			
SHASHIKANATH R BOJJA		1318796				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay			
2005 S FINLEY RD APT#307 LOMBARD IL 60148		220-93-4949				14 Other					
f Employee's address and ZIP code		220-93-4949		a Employee's soc. sec. no							
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	
IL 26-3644382000		116036.40		5657.49							

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		26-3644382		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
M9 CONSULTING INC 507, DENALI PASS DR SUITE # 603 CEDAR PARK TX 78613		Last name 1318796		L \$ 1988.00		116036.40		19525.41			
				12b \$		3 Social security wages		4 Social security tax withheld			
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e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments		9		10 Dependent care benefits			
SHASHIKANATH R BOJJA		1318796				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay			
2005 S FINLEY RD APT#307 LOMBARD IL 60148		220-93-4949				14 Other					
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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	
IL 26-3644382000		116036.40		5657.49							

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 12/29/20 OSP

b Employer's identification number c Employer's name, address, and ZIP code		26-3644382		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
M9 CONSULTING INC 507, DENALI PASS DR SUITE # 603 CEDAR PARK TX 78613		Last name 1318796		L \$ 1988.00		116036.40		19525.41			
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e Employee's first name and initial		Last name		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Copy C for Employee's Records (see notice to Employee on back.)		9		10 Dependent care benefits			
SHASHIKANATH R BOJJA		1318796				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay			
2005 S FINLEY RD APT#307 LOMBARD IL 60148		220-93-4949				14 Other					
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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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