a Employee's SSN 884-67-7462		b Employer identification number (EIN) 83-2185245			OMB No. 1545-0008
c Employer's name, address, and ZIP code ANALYTICS9 SOLUTIONS INC		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	Form W-2
AI9 SOLUTIONS INC		45272.00	7137.00	13056.00	
10306 EATON PLACE		4 SS tax withheld 809.47	5 Medicare wages & tips 13056.00	6 Medicare tax withheld 189.31	Wage and
SUITE 300-A11		7 Social security tips	8 Allocated tips	9	Tax
FAIRFAX VA 22030					Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	0000
					2020
e Employee's name, address, and ZIP code	Suff.	13	14 Other	12b	
VENKATA SAI RAM CHINAPAKA		Statutory employee.	Reimbur 3000.00	12c	Conv B To Be Filed with
540CONSERVATORY LN		Retirement plan			Copy B To Be Filed with Employee's FEDERAL Tax Return
AURORA IL 60502		remement plan 1 1		12d	This information is being furnished to the Internal
		Third-party sick pay			Revenue Service.
15 State Employer's state ID number 16 State wage	es, tips, etc	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
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SUITE 300-A11		7 Social security tips	8 Allocated tips	9	Tax
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Employee's name, address, and ZIP code VENKATA SAI RAM CHINAPAKA	Suff.	13 Statutory employee.	14 Other Reimbur 3000.00	12b 12c	Copy 2 To Be Filed With
	Suff.			Î	Copy 2 To Be Filed With Employee's State,
VENKATA SAI RAM CHINAPAKA	Suff.	Statutory employee .		Î	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax
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