

| Copy B--To Be Filed With Employee's FEDERAL Tax Return   |                                    |                                 | OMB No. 1545-0008    |  |  |
|--|------------------------------------|---------------------------------|----------------------|--|--|
| This information is being furnished to the Internal Revenue Service.   |                                    |                                 |                      |  |  |
| a. Employee's social security number   | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                      |  |  |
| 657918287  | 57000.00                           | 7993.95                         |                      |  |  |
| b. Employer ID number (EIN)  | 3. Social security wages           | 4. Social security tax withheld |                      |  |  |
|  | 10000.00                           | 620.00                          |                      |  |  |
| 37-1795098   | 5. Medicare wages and tips         | 6. Medicare tax withheld        |                      |  |  |
|  | 10000.00                           | 145.00                          |                      |  |  |
| c. Employer's name, address, and ZIP code<br>SP TECH RESOURCES INC<br>525 ROUND ROCK WEST DR #A185<br>ROUND ROCK, TX 78681 |                                    |                                 |                      |  |  |
| d. Control number  |                                    |                                 |                      |  |  |
| e. Employee's name, address, and ZIP code<br>PRASHANTH DINDU<br>9709 CAMPUS WALK LANE<br>CHARLOTTE, NC 28262               |                                    |                                 |                      |  |  |
| 7. Social security tips  | 8. Allocated tips                  | 9. Verification Code            |                      |  |  |
|  |                                    |                                 |                      |  |  |
| 10. Dependent care benefits  | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                      |  |  |
|  |                                    |                                 |                      |  |  |
| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                      |  |  |
|  |                                    | 12c. Code                       |                      |  |  |
|  |                                    | 12d. Code                       |                      |  |  |
| Retirement plan  |                                    |                                 |                      |  |  |
| Third-party sick pay   |                                    |                                 |                      |  |  |
| NC   | 601056833                          | 57000.00                        | 2476.00              |  |  |
| 15. State  | Employer's state ID number         | 16. State wages, tips, etc.     | 17. State income tax |  |  |
| 18. Local wages, tips, etc.  | 19. Local income tax               | 20. Locality name               |                      |  |  |
|  |                                    |                                 |                      |  |  |

Form W-2 Wage and Tax Statement **2020** Department of the Treasury - Internal Revenue Service

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return  |                                    |                                 | OMB No. 1545-0008    |  |  |
|--|------------------------------------|---------------------------------|----------------------|--|--|
| a. Employee's social security number   | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                      |  |  |
| 657918287  | 57000.00                           | 7993.95                         |                      |  |  |
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|  | 10000.00                           | 145.00                          |                      |  |  |
| c. Employer's name, address, and ZIP code<br>SP TECH RESOURCES INC<br>525 ROUND ROCK WEST DR #A185<br>ROUND ROCK, TX 78681 |                                    |                                 |                      |  |  |
| d. Control number  |                                    |                                 |                      |  |  |
| e. Employee's name, address, and ZIP code<br>PRASHANTH DINDU<br>9709 CAMPUS WALK LANE<br>CHARLOTTE, NC 28262               |                                    |                                 |                      |  |  |
| 7. Social security tips  | 8. Allocated tips                  | 9. Verification Code            |                      |  |  |
|  |                                    |                                 |                      |  |  |
| 10. Dependent care benefits  | 11. Nonqualified plans             | 12a. Code See inst. for Box 12  |                      |  |  |
|  |                                    |                                 |                      |  |  |
| 13. Statutory employee   | 14. Other                          | 12b. Code                       |                      |  |  |
|  |                                    | 12c. Code                       |                      |  |  |
|  |                                    | 12d. Code                       |                      |  |  |
| Retirement plan  |                                    |                                 |                      |  |  |
| Third-party sick pay   |                                    |                                 |                      |  |  |
| NC   | 601056833                          | 57000.00                        | 2476.00              |  |  |
| 15. State  | Employer's state ID number         | 16. State wages, tips, etc.     | 17. State income tax |  |  |
| 18. Local wages, tips, etc.  | 19. Local income tax               | 20. Locality name               |                      |  |  |
|  |                                    |                                 |                      |  |  |

Form W-2 Wage and Tax Statement **2020** Department of the Treasury - Internal Revenue Service

| Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.)  |                                    |                                 | OMB No. 1545-0008    |  |  |
|--|------------------------------------|---------------------------------|----------------------|--|--|
| 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. |                                    |                                 |                      |  |  |
| a. Employee's social security number   | 1. Wages, tips, other compensation | 2. Federal income tax withheld  |                      |  |  |
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| c. Employer's name, address, and ZIP code<br>SP TECH RESOURCES INC<br>525 ROUND ROCK WEST DR #A185<br>ROUND ROCK, TX 78681   |                                    |                                 |                      |  |  |
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|  |                                    |                                 |                      |  |  |
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|  |                                    | 12c. Code                       |                      |  |  |
|  |                                    | 12d. Code                       |                      |  |  |
| Retirement plan  |                                    |                                 |                      |  |  |
| Third-party sick pay   |                                    |                                 |                      |  |  |
| NC   | 601056833                          | 57000.00                        | 2476.00              |  |  |
| 15. State  | Employer's state ID number         | 16. State wages, tips,          | 17. State income tax |  |  |
| 18. Local wages, tips, etc.  | 19. Local income tax               | 20. Locality name               |                      |  |  |
|  |                                    |                                 |                      |  |  |

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|  |                                    |                                   |                      |  |  |
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|  |                                    | 12c. Code                         |                      |  |  |
|  |                                    | 12d. Code                         |                      |  |  |
| Retirement plan  |                                    |                                   |                      |  |  |
| Third-party sick pay   |                                    |                                   |                      |  |  |
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|  |                                    |                                   |                      |  |  |

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