| Form W-2 Wage and Tax Statement 202 | 7 Social se | curity tips | 1 Wages, tips, other compension 10717 | | 2 Federal income | tax withheld 12539.69 |
|---|--|--|--|---------------|----------------------|------------------------------|
| c Employer's name, address, and ZIP code US BANK NATIONAL ASSOC | 8 Allocated | tips | 3 Social security wages | | 4 Social security | |
| 4000 W BROADWAY | 9 | | 5 Medicare wages and tips | (| 6 Medicare tax w | 7090.73 thheld 1658.31 |
| ROBBINSDALE MN 55422 | 10 Depend | ent care benefits | 11 Nonqualified plans | | 12a See instructi | |
| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANTI 20964 GREENWOOD CT | | r identification number (EIN) | 14 Other | Code | 12b D 12c W | 7195.27 |
| LAKEVILLE MN 55044 | | e's social security number $29 - 0036$ | | C Ge | AA | 2398.42 |
| 15 State Employer's state ID number 16 State wag MN 2917240 1 | es, tips, etc. 17 State in 07171.27 | come tax 18 Lo | bcal wages, tips, etc. 1 | 9 Local incor | me tax | 20 Locality name |
| Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Uisit the IRS website at www.irs.gov/efile. | | | | | | |

| This information is negligence penalty | | | | | | | | |
|---|------------|--------------|---------------|--------------|-----------|---------------|----------------|--------|
| negligence penalty | or other s | sanction may | be imposed on | you ii triis | income is | taxable and y | ou rail to rep | ort It |
| | | | | | | | | |

| | | | negligenee penalty of other sameton ma | iy be imposed on y | | axable and you fail to report it |
|--|----------------------------|---|--|---------------------|---------------------------|--|
| Form W-2 Wage and Tax Statement | 2020 | 7 Social security tips | 1 Wages, tips, other com 107 | pensation 171.27 | 2 Federal incor | ne tax withheld 12539.69 |
| c Employer's name, address, and ZIP code | | 8 Allocated tips | 3 Social security wages | | 4 Social securit | ty tax withheld |
| US BANK NATIONAL ASSOC | | | 114 | 366.54 | | 7090.73 |
| 4000 W BROADWAY | | 9 | 5 Medicare wages and tip | | 6 Medicare tax | withheld |
| | | | 114 | 366.54 | | 1658.31 |
| ROBBINSDALE MN 55422 | | 10 Dependent care benefits | 11 Nonqualified plans | | 12a See instru | ctions for box 12 |
| | | | | | C C | 57.72 |
| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANTI | | 13 Statutory Retirement Third- plan Sick p | ay 14 Other | | 12b ຼິ D | 7195.27 |
| 20964 GREENWOOD CT | | b Employer identification number 31-0841368 | r (EIN) | | <mark>12c</mark> ្ឌ្ W | 2999.92 |
| LAKEVILLE MN 55044 | | a Employee's social security nur 183-29-0036 | nber | | 12d ្ខ AA | 2398.42 |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local inc | come tax | 20 Locality name |
| MN2917240 | 107171.27 | 5865.49 | | | | |
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| Form W-2 Wage and Tax Statement 2020 | 7 Social security tips | 1 Wages, tips, other compensation 107171.27 | 2 Federal income tax withheld |
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| c Employer's name, address, and ZIP code US BANK NATIONAL ASSOC | 8 Allocated tips | 3 Social security wages 114366.54 | 4 Social security tax withheld |
| 4000 W BROADWAY | 9 | 5 Medicare wages and tips 114366.54 | 6 Medicare tax withheld 1658.31 |
| ROBBINSDALE MN 55422 | 10 Dependent care benefits | 11 Nonqualified plans | 12a C 57.72 |
| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANTI | 13 Statutory Plan Third-party plan Sick pay | 14 Other | 12b D 7195.27 |
| 20964 GREENWOOD CT | b Employer identification number (EIN) 31-0841368 | | 12c W 2999.92 |
| LAKEVILLE MN 55044 | a Employee's social security number 183-29-0036 | | 12d AA 2398.42 |
| 15 State Employer's state ID number 16 State wages, tips, etc. MN 2917240 107171 | | Local wages, tips, etc. 19 Local inc | come tax 20 Locality name |

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| | | 7 Social security tips | Wages, tips, other comp | ensation | 2 Federal income | e tax withheld |
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| Form W-2 Wage and Tax Statement | 2020 | | 107 | 171.27 | | 12539.69 |
| c Employer's name, address, and ZIP code | | 8 Allocated tips | 3 Social security wages | | 4 Social security | tax withheld |
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| 4000 W BROADWAY | | 9 | 5 Medicare wages and tips | | 6 Medicare tax w | rithheld |
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| ROBBINSDALE MN 55422 | | 10 Dependent care benefits | 11 Nonqualified plans | | 12a | |
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| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third- plan Sick pa | 14 Other | | _12b | |
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| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local inc | come tax | 20 Locality name |
| MN 2917240 | 107171.27 | 5865.49 | | | | |
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FORM # LW28700

| Form W-2 Wage an | nd Tax Statemen | t 2020 | 7 Social security tips | | 1 Wages, tips, other comp | ensation | 2 Federal | income t | ax withheld |
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| c Employer's name, address, US BANK NAT | | | 8 Allocated tips | | 3 Social security wages | | 4 Social s | security ta | x withheld |
| 4000 W BROA | DWAY | | 9 | | 5 Medicare wages and tips | s | 6 Medicar | re tax with | nheld |
| ROBBINSDALE | MN 55422 | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See i ទំ DD | | ns for box 12 13510.90 |
| e Employee's name, address, | and ZIP code | | 13 Statutory Retirement plan | Third-party sick pay | 14 Other | | ະມີມ 12b | | 13310.90 |
| PAVAN KUMAR | KANNEKANTI | | b Employer identification nur | nber (EIN) | - | | ै 12c | | |
| 20964 GREEN | WOOD CT | | 31-0841368 | () | | | C od e | | |
| LAKEVILLE M | N 55044 | | a Employee's social security 183-29-0036 | number | FED W-2 DATA 1 | ~ | 12d | | |
| 15 State Employ | ver's state ID number | 16 State wages, tips, etc. | 17 State income tax | 10 10 | ON SEPARATE W- ocal wages, tips, etc. | -2 19 Local in | como tax | | 20 Locality name |
| | | 10 State wages, tips, etc. | | | | 19 Local III | | | |
| Copy B-To Be Filed | With Employee's FE | DERAL Tax Return | This information is being furnish | ed to the Int | ernal Revenue Service. OMB No. 1545-0008 | 1 | | | Treasury - IRS site at www.irs.gov/efi |

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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 of | n you ii this income | is taxable and you fail to report |
|---|----------------------------|--|--------------------------------------|-------------------|---------------------------|--|
| Form W-2 Wage and Tax State | ement 2020 | 7 Social security tips | 1 Wages, tips, other c | ompensation | 2 Federal ind | come tax withheld |
| c Employer's name, address, and ZIP code US BANK NATIONAL ASS | DC | 8 Allocated tips | 3 Social security wage | S | 4 Social sec | urity tax withheld |
| 4000 W BROADWAY | | 9 | 5 Medicare wages and | tips | s 6 Medicare tax withheld | |
| ROBBINSDALE MN 55422 | | 10 Dependent care benefits | 11 Nonqualified plans | | 12a See inst | tructions for box 12 13510.90 |
| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANT | l | | 14 Other | | 12b | |
| 20964 GREENWOOD CT | | b Employer identification number 31-0841368 | | | C od e | |
| LAKEVILLE MN 55044 | | a Employee's social security nu 183-29-0036 | mber FED W-2 DATA ON SEPARATE | | 12d | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local i | income tax | 20 Locality name |
| Copy C-For EMPLOYEE'S RECOR | DS (See Notice to Employee | on the back of Copy B.) | OMB No. 1545-0008 | | | f the Treasury - IRS S website at www.irs.gov/efi |

| Form W-2 Wag | e and Tax Statemen | t 2020 | 7 Social security tips | 1 Wages, tips, other compe | ensation 2 Federal incom | ne tax withheld |
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| c Employer's name, a US BANK I | ddress, and ZIP code | | 8 Allocated tips | 3 Social security wages | 4 Social securit | y tax withheld |
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| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANTI 20964 GREENWOOD CT LAKEVILLE MN 55044 | | 13 Statutory employee Retrement plan Third sick p b Employer identification numbe 31-0841368 a Employee's social security num 183-29-0036 | r (EIN) | S (12b) 12c 12c 12d 9 12d | | |
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| 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 |
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| Form W-2 Wage and Tax Statement 202 | 7 Social security tips | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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| c Employer's name, address, and ZIP code US BANK NATIONAL ASSOC | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
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| ROBBINSDALE MN 55422 | 10 Dependent care benefits | 11 Nonqualified plans | 12a ≩ DD 13510.90 |
| e Employee's name, address, and ZIP code PAVAN KUMAR KANNEKANTI | 13 Statutory Betirement Third-party planet b Employee Identification number (E | | 12b |
| 20964 GREENWOOD CT | 31-0841368 | , | C g |
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