b Employer's Identification number 20-3590091	12a See instructions for Boy 12	1 Wages, tips, other compensation	2 Fodoral income tax withhold
b Employer's Identification number 20-3590091 c Employer's name, address, and ZIP code	le	16000.00	1358.16
ECOMPENET INC	12b	3 Social security wages	4 Social security tax withheld
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1.45	12c	5 Medicare wages and tips	6 Medicare tax withheld
145 TALMADGE RD STE 9	 \$		
	12d	7 Social security tips	8 Allocated tips
EDISON NJ 08817	[\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
3505923	Internal Revenue Service	11 Nonqualified plans	40
SRAVAN KUMAR EDARA		11 Nonqualined plans	13 Statutory Retirement Third-party employee plan sick pay
352 PLAINFIELD AVENUE	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other NJ SDI	41.60
EDICON NI 00017	Tax Return	NJ SUI EE	68.00
EDISON NJ 08817	a Employee's soc. sec. no	NJ FLI	25.60
f Employee's address and ZIP code	763-75-6220		
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
NJ_ 203-590-091/000			
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 Retur
2020		.,	
b Employer's Identification number 20 250001	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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352 PLAINFIELD AVENUE	Local Tax Departments	11.00	
332 I DAINFIEDD AVENUE		14 Other NJ SDI	41.60
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Conv. 2 To Be Filed With Employee's ST	I ATE, CITY, or LOCAL Tax Department
	OMD # 1343-0000	Copy 2 to be riled with Employee's 31	ATE, OIT I, OF EOOAE TUX Department
2020	OMD # 1343-0000	Copy 2 to be riled with Employee's 31	ATE, OTTI, OF EOOAE TEX Department
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REV 01/07/21 OSP			
REV 01/07/21 OSP	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
BEW 01/07/21 OSP b Employer's Identification number c Employer's name, address, and ZIP code 20-3590091	12a See instructions for Box 12	1 Wages, tips, other compensation 16000.00	2 Federal income tax withheld 1358.16
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BEW 01/07/21 OSP b Employer's Identification number c Employer's name, address, and ZIP code 20-3590091	12a See instructions for Box 12 \$ 12b \$	1 Wages, tips, other compensation 16000.00 3 Social security wages	2 Federal income tax withheld 1358.16 4 Social security tax withheld
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