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|---|--|----------------------------|---------------------------|
| Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records. | | 2020 OMB No. 1545-0008 | |
| d Control number 000318 | Dept. RE/PKY | Corp. | Employer use only A 16 |
| c Employer's name, address, and ZIP code DONATO TECHNOLOGIES INC 12100 FORD RD SUITE 306 DALLAS, TX 75234 | | | |
| Batch #91885 | | | |
| e/f Employee's name, address, and ZIP code NAGARJUNA CHILAKA 550 KIELY BLVD APT 16 SAN JOSE, CA 94538 | | | |
| b Employer's FED ID number 46-1568413 | a Employee's SSA number XXX-XX-4137 | | |
| 1 Wages, tips, other comp. 12104.80 | 2 Federal income tax withheld 1506.72 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. | Ret. plan | 3rd party sick pay |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 19 Local income tax | 20 Locality name | | |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay | 12,104.80 | 12,104.80 | 12,104.80 |
| Reported W-2 Wages | 12,104.80 | 0.00 | 0.00 |

2. Employee Name and Address.

**NAGARJUNA CHILAKA
550 KIELY BLVD
APT 16
SAN JOSE, CA 94538**

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| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 19 Local income tax | 20 Locality name | | |
| Federal Filing Copy W-2 Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. | | 2020 OMB No. 1545-0008 | |

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| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 19 Local income tax | 20 Locality name | | |
| State Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. | | 2020 OMB No. 1545-0008 | |

| | | | |
|--|--|----------------------------|---------------------------|
| 1 Wages, tips, other comp. 12104.80 | 2 Federal income tax withheld 1506.72 | | |
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| d Control number 000318 | Dept. RE/PKY | Corp. | Employer use only A 16 |
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| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | |
| 17 State income tax | 18 Local wages, tips, etc. | | |
| 19 Local income tax | 20 Locality name | | |
| City or Local Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return. | | 2020 OMB No. 1545-0008 | |