								Federal Box 1	Soc. Sec. Box 3 8	k 7 Medicare Box 5		
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.							es to	125025. 390.				
i icase note ti	0.000 000	5.1.5	c.aac a	iajastinent	Txbl Benefi							
1							Life	69.	.15 69.	15 69.15		
						Deferred Comp						
						Section 125	5	(8285.3	33) (8285.3	33) (8285.33)		
						Other Preta	x/Wage Limit					
						W-2 Wages		117199.	.28 117199.	28 117199.28		
D. CONTROL NUMBI 000037568301	" Inis information is	This Information is being furnished to the Internal Revenue Service 2020 OMB NO. 1545-0008				1. WAGES, TIPS, OTHER COMPENSATION 117199.28			2. FEDERAL INCOME TAX WITHHELD 24460.31			
B. EMPLOYER IDENT	IFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBE	R	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
56-2193588		445-35-3709				117199.28				7266.36		
C. EMPLOYER'S NAM	IE, ADDRESS, AND ZIP (	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
AVIDXCHANGE							117199	9.28		1699.39		
1210 AVIDXCHAN CHARLOTTE NC 2						7. SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS			
										4353.89		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					SUFF.	11. NONQUALIFIED PLANS			12.a-d C	69.15		
Krishnaraj Saravanan									AA	9879.09		
1036 Old Trace Rd NW Concord NC 28027 USA						14. OTHER			DD	12650.70		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
	15. STATE EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TA						18. LOCAL WAGES, 1	TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL 000037568		This Information is being furnished to the Internal Revenue Service		d <sub>2020</sub> OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 117199.28			2. FEDERAL INCOME TAX WITHHELD 24460.31				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPL			A. EMPLOYEE'S	E'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
56-2193588 445-35-3709						117199.28			7266.36				
C. EMPLOYER	R'S NAME, AL	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
AVIDXCHA	NGE							117199.28			1699.39		
	1210 AVIDXCHANGE LANE CHARLOTTE NC 28206						7. SOCIAL SEC	CURITY TIPS	8. ALL	OCATED TIPS			
					9.			10. DEPENDENT CARE BENEFITS					
								4353.89					
E. EMPLOYEE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUALIFIED PLANS			С	69.15				
Krishnaraj	Krishnaraj Saravanan							AA	9879.09				
1036 Old Trace Rd NW Concord NC 28027 USA				14. OTHER			DD	12650.70					
USA	our contract of the contract o									REMENT X THIRD PARTY			
F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMI	PLOYEE PLAT	N SICK PAY		
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY NAME		
NC	60077778	3		117199	9.28		5693.00						

## Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000037568301	This Information is to the Internal Rev	is being furnished evenue Service 2020		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 117199.28			2. FEDERAL INCOME TAX WITHHELD 24460.31		
B. EMPLOYER IDENTIFI	CATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
56-2193588 445-35-3709					117199.28			7266.36		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
AVIDXCHANGE						117199.	28	1699.39		
1210 AVIDXCHANGE LANE CHARLOTTE NC 28206					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
								10. DEPENDENT CARE BENEFITS		
								4353.89		
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUALIFIED PLANS			12.a-d C	69.15	
Krishnaraj Saravanan								AA	9879.09	
1036 Old Trace Rd NW Concord NC 28027 USA						14. OTHER			DD 12650.70	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY	
NC EMPLOYE	R'S STATE I.D. NO. 783	16. STATE WAG	ES, TIPS, ET 117199.		TAX 5693.00	18. LOCAL WAGES, TIP	S, ETC. 19	D. LOCAL INCOME TAX	20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

1011111 11	- wage c	ilia lak 3	tatement								
D. CONTROL	NUMBER Thi	This Information is being furnished				1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
000037568	301 to	to the Internal Revenue Service			OMB NO. 1545-0008	117199.28			24460.31		
B. EMPLOYER	B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
56-2193588	8		445-35-3709			117199.28			7266.36		
C. EMPLOYER	'S NAME, ADDRI	ESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
AVIDXCHAN						117199.28			1699.39		
	KCHANGE LAN	IE				7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
CHARLOTTE	NC 28206										
						9.			10. DEPENDENT CARE BENEFITS		
l									4353.89		
E. EMPLOYEE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			12.a-d C	69	9.15
Krishnaraj	Krishnaraj Saravanan								AA	9879	€0.€
1036 Old Tr	1036 Old Trace Rd NW							DD	12650	).70	
Concord NC 28027											
USA									13. STATUTORY RETIREMENT THIRD PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAN		. $\square$
	EMPLOYER'S ST.	ATE I.D. NO.	16. STATE WAG			AX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
NC	600777783			117199.	28	5693.00					