## FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury . Internal Revenue Service

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. These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.

If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents. you may receive more than one of these documents All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page. This information is being furnished to the Internal Revenue Service OMB NO. 1545-0008 2 FEDERAL INCOME TAX WITHHELD 020 22766.55 1888.35 B. EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER WAGES 43-2054614 X WITHHELD 030-29-9132 23225.63 EMPLOYER'S NAME, ADDRESS AND ZIP CODE 1439.99 GES AND TIPE FIS MANAGEMENT SERVICES LLC HELD 23225.63 336.77 10TH FLOOR 601 RIVERSIDE AVE ALLOCATED TIPS Third-Party Sick Pay JACKSONVILLE, FL 32204 X E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF NONQUALIFIED PLANS HARI KRISHNA KOPURI 1830 RIPPLE WAY APT2 101 459.08 D 14 OTHER W 300.00 CHARLOTTE, NC 28262 C 7.26 F. EMPLOYEE'S ADDRESS AND ZIPCODE
15 STATE EMPLOYER'S STATE I.D. NO. DD 2838.44 16 STATE WAGES, TIPS,ETC. 17 STATE INCOME TAX 18 LOCAL WAGES, TIPS, ETC. 19 LOCAL INCOME TAX 20 LOCALITY NAME 600522412 22766.55 929.00 FOLD AND TEAR ALONG PERFORATION D. CONTROL NUMBER This information is being furnished the internal Revenue Service OMB NO. 1545-0008 22766.55 1888. B. EMPLOYER IDENTIFICATION 43-2054614 030-29-9132 23225.63 1439.99 EMPLOYER'S NAME, ADDRESS AND ZIP CODE MEDICARE WAGES AND TIPS FIS MANAGEMENT SERVICES LLC 23225.63 336.77 10TH FLOOR ALLOCATED TIPS 601 RIVERSIDE AVE JACKSONVILLE, FL 32204 10 DEPENDANT CARE BENEFITS E. EMPLOYEE'S FIRST NAME AND INITIAL 12 a-d D 11 NONQUALIFIED PLANS 459.08 HARI KRISHNA KOPURI 1830 RIPPLE WAY APT2 101 300.00 W 14 OTHER C CHARLOTTE, NC 28262 7.26 DD 2838.44 Statutory Third-Party Sick pay F. EMPLOYEE'S ADDRESS AND ZIPCODE X 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 600522412 22766.55 929.00 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return Dept. of the Treasury - Internal Revenue Service 2020 FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service 2 FEDERAL INCOME TAX WITHHELD OMB NO. 1545-0008 22766.55 1888.35 B. EMPLOYER IDENTIFICATION SOCIAL SECURITY TAX WITHHELD 43-2054614 030-29-9132 23225.63 1439.99 EMPLOYER'S NAME, ADDRESS AND ZIP CODE GES AND TIPS FIS MANAGEMENT SERVICES LLC 23225.63 336.77 10TH FLOOR ALLOCATED TIPS 601 RIVERSIDE AVE JACKSONVILLE, FL 32204 10 DEPENDANT CARE BENEFITS EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME NONQUALIFIED PLANS SUFF 459.08 D HARI KRISHNA KOPURI W 300.00 1830 RIPPLE WAY APT2 101 14 OTHER 7.26 C CHARLOTTE, NC 28262 DD 2838.44 Statutory Third-Party Sick pay X EMPLOYEE'S ADDRESS AND ZIPCODE 17 STATE INCOME TAX 18 STATE WAGES, TIPS,ETC. EMPLOYER'S STATE I.D. NO. 18 LOCAL WAGES, TIPS, ETC. 19 LOCAL INCOME TAX

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