

<b>b Employer's Identification number</b>		82-3734113		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
<b>c Employer's name, address, and ZIP code</b>		SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080		\$	30500.00	2925.94
<b>e Employee's first name and initial</b>		Last name 11234003 YAMUNA SIVA SNEHA SREE THALLAPAREDDY 1121 HIDDEN RIDGE, APT 3078 IRVING TX 75038		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
<b>f Employee's address and ZIP code</b>		15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		\$		
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		517-59-3269		
				<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				\$		
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
				\$		
				<b>9</b>	<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>		<b>13</b> Statutory employees Retirement plan Third-party sick pay
				<b>14 Other</b>		
				This information is being furnished to the Internal Revenue Service		
				<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>		
				<b>a Employee's soc. sec. no</b>		
				517-59-3269		
				<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>
				OMB # 1545-0008		
				Copy B To Be Filed With Employee's FEDERAL Tax Return		

<b>b Employer's Identification number</b>		82-3734113		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
<b>c Employer's name, address, and ZIP code</b>		SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080		\$	30500.00	2925.94
<b>e Employee's first name and initial</b>		Last name 11234003 YAMUNA SIVA SNEHA SREE THALLAPAREDDY 1121 HIDDEN RIDGE, APT 3078 IRVING TX 75038		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
<b>f Employee's address and ZIP code</b>		15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		\$		
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		517-59-3269		
				<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				\$		
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
				\$		
				<b>9</b>	<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>		<b>13</b> Statutory employees Retirement plan Third-party sick pay
				<b>14 Other</b>		
				This information is being furnished to the Internal Revenue Service		
				<b>Copy 2 for State, City, or Local Tax Departments</b>		
				<b>a Employee's soc. sec. no</b>		
				517-59-3269		
				<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>
				OMB # 1545-0008		
				Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments		

REV 01/07/21 OSP

<b>b Employer's Identification number</b>		82-3734113		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
<b>c Employer's name, address, and ZIP code</b>		SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080		\$	30500.00	2925.94
<b>e Employee's first name and initial</b>		Last name 11234003 YAMUNA SIVA SNEHA SREE THALLAPAREDDY 1121 HIDDEN RIDGE, APT 3078 IRVING TX 75038		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
<b>f Employee's address and ZIP code</b>		15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		\$		
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		517-59-3269		
				<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				\$		
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
				\$		
				<b>9</b>	<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>		<b>13</b> Statutory employees Retirement plan Third-party sick pay
				<b>14 Other</b>		
				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.		
				<b>Copy C for Employee's Records</b> (see notice to Employee on back.)		
				<b>a Employee's soc. sec. no</b>		
				517-59-3269		
				<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>
				OMB # 1545-0008		
				Copy C For Employee's Records		

<b>b Employer's Identification number</b>		82-3734113		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>
<b>c Employer's name, address, and ZIP code</b>		SYMANTRIX INC 51 CRAGWOOD RD #304 SOUTH PLAINFIELD NJ 07080		\$	30500.00	2925.94
<b>e Employee's first name and initial</b>		Last name 11234003 YAMUNA SIVA SNEHA SREE THALLAPAREDDY 1121 HIDDEN RIDGE, APT 3078 IRVING TX 75038		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>
<b>f Employee's address and ZIP code</b>		15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		\$		
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		517-59-3269		
				<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>
				\$		
				<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>
				\$		
				<b>9</b>	<b>10 Dependent care benefits</b>	
				<b>11 Nonqualified plans</b>		<b>13</b> Statutory employees Retirement plan Third-party sick pay
				<b>14 Other</b>		
				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.		
				<b>Copy C for Employee's Records</b> (see notice to Employee on back.)		
				<b>a Employee's soc. sec. no</b>		
				517-59-3269		
				<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>
				OMB # 1545-0008		
				Copy C For Employee's Records		