| Copy B, To Be Filed With Employee's FEDERAL Tax Return. | | 2020 OMB No. 1545-0008 | | |
|---|---|--|--|--|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 109446.56 | 2 Federal income tax withheld 17399.10 | | |
| | 3 Social security wages | 4 Social security tax withheld | | |
| b. Employer ID no. (EIN) 76-0615704 | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| c. Employer's name, address, and ZIP | code | | | |
| PREMIER IT SOLUTION | ONS LLC | | | |
| 801 E CAMPBELL RD | STE 270 | | | |
| RICHARDSON TX 7508 | 31-1890 | | | |
| d. Control number 0 0 0 0 0 0 0 0 3 0 | | | | |
| e. Employee's name, address and ZIP code NIKHIL CHINTALA 8031 NORTH MACARTHUR BLVD APT # 2127 IRVING TX 75063 | | | | |
| 7 Social security tips | 8 Allocated tips | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 DD 50.40 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan | | 12c Code | | |
| Third-party sick pay | | 12d Code | | |
| TX 760615704 | 109446.56 | | | |
| 15 State Employer State ID# | 16 State wages, tips, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

| Copy C, For EMPLOYEE | E'S RECORDS. | 2020 OMB No. 1545-0008 |
|--|---|--|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 109446.56 | 2 Federal income tax withheld 17399.10 |
| 093-97-0589 | 3 Social security wages | 4 Social security tax withheld |
| b. Employer ID no. (EIN) | | · |
| 76-0615704 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| c. Employer's name, address, and ZIP | code | I |
| PREMIER IT SOLUTION | ONS LLC | |
| 801 E CAMPBELL RD | STE 270 | |
| RICHARDSON TX 7508 | 31-1890 | |
| d. Control number | 000000030 | |
| e. Employee's name, address and ZIP NIKHIL CHINTALA | | |
| 8031 NORTH MACARTE IRVING TX 75063 | HUR BLVD APT # 2127 | |
| 7 Social security tips | 8 Allocated tips | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 DD 50.40 |
| 13 Statutory employee | 14 Other | 12b Code |
| Retirement plan | | 12c Code |
| Third-party sick pay | | 12d Code |
| TX 760615704 | 109446.56 | |
| 15 State Employer State ID# | 16 State wages, tips, etc. | 17 State income tax |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| Form W-2 Wage and Tax | | Dept. of the Treasury - IR |

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury
This information is being furnished to the IRS. 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.

| | 2, To Be Filed Witl or Local Income Ta | h Employee's State, ax Return. | 2020 OMB No. 1545-0008 |
|------------|---|---|--|
| a. Employ | ee soc. Sec. No. | 1 Wages, tips, other comp. 109446.56 | 2 Federal income tax withheld |
| 093- | 97-0589 | 3 Social security wages | 17399.10 4 Social security tax withheld |
| b. Emplo | oyer ID no. (EIN) | | , |
| 76-0 | 615704 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| c. Emplo | yer's name, address, and ZIP | code | |
| PREN | MIER IT SOLUTIO | ONS LLC | |
| 801 | E CAMPBELL RD | STE 270 | |
| RICH | HARDSON TX 7508 | 31-1890 | |
| d. Contro | ol number | 000000030 | |
| NIKE | yee's name, address and ZIP | | |
| | l NORTH MACARTE ING TX 75063 | HUR BLVD APT # 2127 | |
| 7 Social s | security tips | 8 Allocated tips | |
| 10 Deper | ident care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 DD 50.40 |
| 13 Statute | ory employee | 14 Other | 12b Code |
| Retire | ment plan | | 12c Code |
| Third- | party sick pay | | 12d Code |
| TX | 760615704 | 109446.56 | |
| 15 State | Employer State ID# | 16 State wages, tips, etc. | 17 State income tax |
| 8 Local v | vages, tips, etc. | 19 Local income tax | 20 Locality name |
| 10 20001 1 | ragoo, apo, oto. | To Educat modifie tax | 20 200amy name |

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

| Copy 2, 10 Be Filed v City, or Local Income | Vith Employee's State, Tax Return. | 2020 OMB No. 1545-0008 |
|--|---|--|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 109446.56 | 2 Federal income tax withheld 17399.10 |
| 093-97-0589 | 3 Social security wages | 4 Social security tax withheld |
| b. Employer ID no. (EIN) 76-0615704 | 5 Medicare wages and tips | 6 Medicare tax withheld |
| c. Employer's name, address, and | ZIP code | |
| PREMIER IT SOLUTE 801 E CAMPBELL F | | |
| RICHARDSON TX 75 | 5081-1890 | |
| d. Control number | 000000030 | |
| NIKHIL CHINTALA 8031 NORTH MACAI IRVING TX 75063 | RTHUR BLVD APT # 2127 | , |
| 7 Social security tips | 8 Allocated tips | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 DD 50.40 |
| 13 Statutory employee | 14 Other | 12b Code |
| Retirement plan | | 12c Code |
| Third-party sick pay | | 12d Code |
| TX 760615704 | 109446.56 | |
| 15 State Employer State ID# | 16 State wages, tips, etc. | 17 State income tax |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| Tarm W 2 Wags and T | | Dont of the Treasury - IF |