### UNION CITY CA 94587

## IMPORTANT TAX DOCUMENT ENCLOSED

# KRISHNA KODAMASIMHAM HANUMANTH 46710 CRAWFORD ST , APT# 19

# FREMONT CA 94539

#### Notice to Employee

Do you have to file? Refer to the Instructions for Form 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is smore than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Form 1040 and 1040-SR to determine if you are required to complete Form 8959. Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Medicare Tax on any of those Medicare wages and tips above \$200,000. Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Form 1040

and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalt (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontraxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year. If you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code G are limited to \$19,500.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Forms 1040 and 1404-SR. Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2c. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security ard, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. A – Uncollected social security or RRTA tax on tins. Include this tax on

Forms 1040 and 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**B**— Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

 ${\rm C-}$  Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D- Elective deferrals to a section 401(k) cash or deferred arrangement Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E- Elective deferrals under a section 403(b) salary reduction agreement

F- Elective deferrals under a section 408(k)(6) salary reduction SEP

 ${\bf G-}$  Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

 ${\rm H-}$  Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J— Nontaxable sick pay (information only, not included in box 1, 3, or 5)

 $\rm K-~20\%$  excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L- Substantiated employee business expense reimbursements (nontaxable)

M— Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P- Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q- Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R- Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S— Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

 ${\rm T-}\,$  Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

REV 01/12/21 OSP

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 rairoad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Form 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

V– Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W- Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y- Deferrals under a section 409A nonqualified deferred compensation plan

Z- Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA- Designated Roth contributions under a section 401(k) plan

BB- Designated Roth contributions under a section 403(b) plan

DD- Cost of employer-sponsored health coverage.

The amount reported with code DD is not taxable.

EE— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

FF— Permitted benefits under a qualified small employer health reimbursement arrangement

GG- Income from qualified equity grants under section 83(i)

HH- Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	145320.00	18105.85
TEXARA SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld 8537.40
	12c	137700.00 5 Medicare wages and tips	6 Medicare tax withheld
32716 REGENTS BLVD	1\$	145320.00	2107.14
	12d	7 Social security tips	8 Allocated tips
UNION CITY CA 94587	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
2464406	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party
KRISHNA KODAMASIMHAM HANUMANTH	Copy B To Be Filed with		13 Statutory Retirement Third-party employee plan sick pay
46710 CRAWFORD ST , APT# 19	Employee's FEDERAL	14 Other	
	Tax Return	CA SDI	1229.09
FREMONT CA 94539			
	a Employee's soc. sec. no		
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	894-06-2175 18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 019-6135-8 145320.00 7353.35	To Local wages. (ps. etc.		
Form W-2 Wage and Tax Statement $2020$ Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Return
h Employed Identification number	12a See instructions for Box 12	1 Magaa ting ather services "	2 Enderel incom- (ithh
b Employer's Identification number c Employer's name, address, and ZIP code 46-1417871	12a See Instructions for Box 12	<u>1 Wages, tips, other compensation</u> 145320.00	18105.85
TEXARA SOLUTIONS LLC	12b	3 Social security wages	4 Social security tax withheld
ILARA SULUTIONS LLC	ls	137700.00	8537.40
32716 REGENTS BLVD	12c	5 Medicare wages and tips	6 Medicare tax withheld
32716 REGENTS BLVD	\$	145320.00	2107.14
UNION CITY CA 94587	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
2464406		~	
2404400		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
KRISHNA KODAMASIMHAM HANUMANTH	Copy 2 for State, City, or		employee plan sick pay
46710 CRAWFORD ST , APT# 19	Local Tax Departments	14 Other	
		CA SDI	1229.09
FREMONT CA 94539	a Employee's soc. sec. no		
	894-06-2175		
f Employee's address and ZIP code			
15 State 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
	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
15 State         Employer's state I.D. No.         16 State wages. tips. etc.         17 State income tax           CA         019-6135-8         145320.00         7353.35			
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service			
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV       01/12/21       0SP	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	TE, CITY, or LOCAL Tax Departments
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST/	TE, CITY, or LOCAL Tax Departments
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV       01/12/21       OSP         b Employer's Identification number       46-1417871	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	TE, CITY, or LOCAL Tax Departments
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       01/12/21 OSP         b Employer's Identification number       4.6       1.417.971	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST/	TE, CITY, or LOCAL Tax Departments 2 Federal income tax withheid 18105.85
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       01/12/21 OSP       46-1417871         TEXARA SOLUTIONS LLC       LLC	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV       01/12/21       OSP         b Employer's Identification number       46-1417871	12a See instructions for Box 12           \$           12b           12c	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA       SOLUTIONS         32716       REGENTS	OMB # 1545-0008           12a See instructions for Box 12           \$           12b           \$           12c           \$           12c           \$           12d	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       01/12/21 OSP       46-1417871         TEXARA SOLUTIONS LLC       LLC	12a See instructions for Box 12           \$           12b           12c	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b Employer's Identification number       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e Employee's first name and initial       Last name	OMB # 1545-0008           12a See instructions for Box 12           \$           12b           \$           12c           \$           12c           \$           12d	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA SOLUTIONS LLC         32716       REGENTS BLVD         UNION CITY CA 94587         e       Employee's first name and initial         Last name         2464406	OMB # 1545-0008         12a See instructions for Box 12         \$         12b         [\$         12c         \$         12d         \$	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00	<b>2 Federal income tax withheld</b> 18105.85 <b>4 Social security tax withheld</b> 8537.40 <b>6 Medicare tax withheld</b> 2107.14 <b>8 Allocated tips 10 Dependent care benefits 13</b> Statutory         Retirement         Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA       SOLUTIONS         J2716       REGENTS         BLVD         UNION       CITY         CA       94587         e       Employee's first name and initial         Last name       2464406         KRISHNA       KODAMASIMHAM	12a See instructions for Box 12         \$         12b         \$         12c         \$         12d         \$         12d         \$         Copy 2 for State, City, or	1 Wages, tips, other compensation         1 45320.00         3 Social security wages         137700.00         5 Medicare wages and tips         145320.00         7 Social security tips         9	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA SOLUTIONS LLC         32716       REGENTS BLVD         UNION CITY CA 94587         e       Employee's first name and initial         Last name         2464406	OMB # 1545-0008           12a See instructions for Box 12           \$           12b           [\$           12c           \$           12d	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00 7 Social security tips 9 11 Nongualified plans 14 Other	ATE, CITY, or LOCAL Tax Departments 2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Retirement Third-party plan Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA       SOLUTIONS         J2716       REGENTS         BLVD         UNION       CITY         CA       94587         e       Employee's first name and initial         Last name       2464406         KRISHNA       KODAMASIMHAM	12a See instructions for Box 12         \$         12b         \$         12c         \$         12d         \$         12d         \$         Copy 2 for State, City, or	1 Wages, tips, other compensation         1 45320.00         3 Social security wages         137700.00         5 Medicare wages and tips         145320.00         7 Social security tips         9	<b>2 Federal income tax withheld</b> 18105.85 <b>4 Social security tax withheld</b> 8537.40 <b>6 Medicare tax withheld</b> 2107.14 <b>8 Allocated tips 10 Dependent care benefits 13</b> Statutory         Retirement         Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b       Employer's Identification number         c       Employer's name, address, and ZIP code         46-1417871         TEXARA       SOLUTIONS         J2716       REGENTS         BLVD         UNION       CITY         CA       94587         e       Employee's first name and initial         Last name       2464406         KRISHNA       KODAMASIMHAM	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00 7 Social security tips 9 11 Nongualified plans 14 Other	ATE, CITY, or LOCAL Tax Departments 2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Retirement Third-party plan Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b Employer's Identification number       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e Employee's first name and initial       Last name       2464406         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT#       19         FREMONT       CA       94539	OMB # 1545-0008  12a See instructions for Box 12  [\$ 12b [\$ 12c [\$ 12d [\$ 12d [\$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00 7 Social security tips 9 11 Nongualified plans 14 Other	ATE, CITY, or LOCAL Tax Departments 2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Retirement Third-party plan Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b Employer's Identification number       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e Employee's first name and initial       Last name       2464406         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT# 19         FREMONT       CA       94539       1         IEMPLOYE'S address and ZIP code       19       1	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 145320.00 3 Social security wages 137700.00 5 Medicare wages and tips 145320.00 7 Social security tips 9 11 Nongualified plans 14 Other	ATE, CITY, or LOCAL Tax Departments 2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory employee Retirement Third-party plan Third-party
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       0       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       Last name         e Employee's first name and initial       Last name         2464406       KRISHNA KODAMASIMHAM HANUMANTH         46710       CRAWFORD       ST , APT# 19         FREMONT CA 94539       fEmployee's address and ZIP code	OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12d         12d	1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI	ATE, CITY, or LOCAL Tax Departments          2 Federal income tax withheld         18105.85         4 Social security tax withheld         8537.40         6 Medicare tax withheld         2107.14         8 Allocated tips         10 Dependent care benefits         13 Statutory plan         Third party statutory plan         1229.09
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       0       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e       Employee's first name and initial       Last name         2464406       KRISHNA       KODAMASIMHAM         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT#       19         FREMONT       CA       94539       15       17       State       income tax         (A_       019-6135-8       -       -       145320.00       -       7353.35	OMB # 1545-0008         12a See instructions for Box 12          \$        \$         12b        \$         12c        \$         12d        \$	1 Wages, tips, other compensation         1 45320.00         3 Social security wages         137700.00         5 Medicare wages and tips         145320.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI         19 Local income tax	ATE, CITY, or LOCAL Tax Departments          2 Federal income tax withheld         18105.85         4 Social security tax withheld         8537.40         6 Medicare tax withheld         2107.14         8 Allocated tips         10 Dependent care benefits         13 statutory plan         14
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP         b Employer's Identification number       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e Employee's first name and initial       Last name       2464406         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT# 19         FREMONT       CA       94539       1         IEMPLOYE'S address and ZIP code       19       1	OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12d         12d	1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI	ATE, CITY, or LOCAL Tax Departments          2 Federal income tax withheld         18105.85         4 Social security tax withheld         8537.40         6 Medicare tax withheld         2107.14         8 Allocated tips         10 Dependent care benefits         13 statutory plan         14
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       145320.00       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       0       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e       Employee's first name and initial       Last name         2464406       KRISHNA       KODAMASIMHAM         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT#       19         FREMONT       CA       94539       15       17       State       income tax         (A_       019-6135-8       -       -       145320.00       -       7353.35	OMB # 1545-0008         12a See instructions for Box 12          \$        \$         12b        \$         12c        \$         12d        \$	1 Wages, tips, other compensation         1 45320.00         3 Social security wages         137700.00         5 Medicare wages and tips         145320.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI         19 Local income tax	ATE, CITY, or LOCAL Tax Departments          2 Federal income tax withheld         18105.85         4 Social security tax withheld         8537.40         6 Medicare tax withheld         2107.14         8 Allocated tips         10 Dependent care benefits         13 statutory plan         14
15 State       Employer's state LD. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       b Employer's Identification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       e Employee's first name and initial       2464406         KRISHNA KODAMASIMHAM HANUMANTH       46710       CRAWFORD ST , APT# 19         FREMONT CA 94539       f Employee's address and ZIP code       14 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       -       14 532.0.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service       7353.35.	OMB # 1545-0008         12a See instructions for Box 12         \$       \$         12b       \$         12c       \$         12d       \$         12d       \$         12d       \$         12d       \$         12d       \$         12a       \$         12b       \$         12c       \$         12d       \$         13e       \$         14e       \$         15e       \$         12d       \$         12d       \$         13e       \$         14e       \$         15e       \$         15e <td>Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax </td> <td>2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory Part Care benefits 1229.09 1229.09 20 Locality name </td>	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax 	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory Part Care benefits 1229.09 1229.09 20 Locality name 
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       5       Employer's Identification number       46-1417871         TEXARA       SOLUTIONS       LLC         32716       REGENTS       BLVD         UNION       CITY       CA       94587         e Employee's first name and initial       Last name       2464406         KRISHNA       KODAMASIMHAM       HANUMANTH         46710       CRAWFORD       ST       , APT# 19         FREMONT       CA       94539       145320.00	12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12d          \$         12d          \$         Copy 2 for State, City, or Local Tax Departments         a Employee's soc. sec. no         894-06-2175         18 Local wages, tips, etc.         OMB # 1545-0008         12a See instructions for Box 12          \$	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 45320.00 3 Social security wages 1 37700.00 5 Medicare wages and tips 1 45320.00 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 45320.00	ATE, CITY, or LOCAL Tax Departments  2 Federal income tax withheld  18105.85  4 Social security tax withheld  8537.40  6 Medicare tax withheld  2107.14  8 Allocated tips  10 Dependent care benefits  13 Statutory  1229.09  20 Locality name
15 State       Employer's state LD. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       b Employer's Identification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       e Employee's first name and initial       2464406         KRISHNA KODAMASIMHAM HANUMANTH       46710       CRAWFORD ST , APT# 19         FREMONT CA 94539       f Employee's address and ZIP code       14 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       -       14 532.0.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service       7353.35.	OMB # 1545-0008         12a See instructions for Box 12         \$       \$         12b       \$         12c       \$         12d       \$         12d       \$         12d       \$         12d       \$         12d       \$         12a       \$         12b       \$         12c       \$         12d       \$         13e       \$         14e       \$         15e       \$         12d       \$         12d       \$         13e       \$         13e       \$         14e       \$         15e <td>Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages</td> <td>ATE, CITY, or LOCAL Tax Departments     18105.85     4 Social security tax withheld</td>	Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages	ATE, CITY, or LOCAL Tax Departments     18105.85     4 Social security tax withheld
15 State       Employer's state LD. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       b Employer's Identification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       2464406         KRISHNA KODAMASIMHAM HANUMANTH       46710         46710       CRAWFORD       ST         FREMONT CA 94539       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00         Fremover's address and ZIP code       15 State       17 State income tax         CA       019-6135-8       -       145320.00         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service	12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12c          \$         12c          \$         12d          \$         12d          \$         12d          \$         12d          \$         12d          \$         12d          \$         Copy 2 for State, City, or         Local Tax Departments         a Employee's soc. sec. no         894-06-2175         18 Local wages, tips, etc.            OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$	1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security wages         1 45 3 20.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI         19 Local income tax	ATE, CITY, or LOCAL Tax Departments     ATE, CITY, or LOCAL Tax Departments     A Social security tax withheld
15 State       Employer's state LD. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       b Employer's Identification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       2464406         KRISHNA KODAMASIMHAM HANUMANTH       46710         46710       CRAWFORD       ST         FREMONT CA 94539       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00         Fremover's address and ZIP code       15 State       17 State income tax         CA       019-6135-8       -       145320.00         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service	12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12c          \$         12c          \$         12d          \$         12d         12e          \$         12b          \$         12b          \$         12c          \$         12c	Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 45320.00 3 Social security wages 1 37700.00 5 Medicare wages and tips 1 45320.00 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 45320.00 3 Social security wages 1 37700.00	ATE, CITY, or LOCAL Tax Departments      2 Federal income tax withheld
16 State       Employer's state ID. No.       16 State wages, tips, etc.       17 State income tax         CA019_6135_8145320.00	12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12c          \$         12c          \$         12d          \$         12d          \$         12d          \$         12d          \$         12d          \$         12d          \$         Copy 2 for State, City, or         Local Tax Departments         a Employee's soc. sec. no         894-06-2175         18 Local wages, tips, etc.            OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$	1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security wages         1 45 3 20.00         7 Social security tips         9         11 Nonqualified plans         14 Other         CA SDI         19 Local income tax	ATE, CITY, or LOCAL Tax Departments     ATE, CITY, or LOCAL Tax Departments     A Social security tax withheld
16 State       Employer's state ID. No.       16 State wages, tips, etc.       17 State income tax         CA019_6135_8145320.00	12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12b          \$         12c          \$         12c          \$	Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory 1229.09 1229.09 20 Locality name 
If State       Employer's state ID. No.       16 State wages, tips, etc.       17 State income tax         ICA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       Employer's Identification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       eEmployee's first name and initial       Last name         2464406       KRISHNA KODAMASIMHAM HANUMANTH       46710       CRAWFORD ST , APT# 19         FREMONT CA 94539       remployee's address and ZIP code       17 State income tax         If State       Employee's address and ZIP code       17 State income tax         CA       019-6135-8       -       -       145320.00         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         b       Employee's Identification number       66-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       Identification number       16-1417871         Employee's Identification number       Employee's Identification number       16-1417871         TEXARA SOLUTIONS LLC       32716 <td>12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12d          \$         0Copy 2 for State, City, or         Local Tax Departments         a Employee's soc. sec. no         894-06-2175         18 Local wages, tips, etc.         -         OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12d          \$         12d          \$         12d          \$         This information is being furnished to the</td> <td>Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0</td> <td>2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory 1229.09 1229.09 20 Locality name </td>	12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12d          \$         0Copy 2 for State, City, or         Local Tax Departments         a Employee's soc. sec. no         894-06-2175         18 Local wages, tips, etc.         -         OMB # 1545-0008         12a See instructions for Box 12          \$         12b          \$         12c          \$         12d          \$         12d          \$         12d          \$         12d          \$         This information is being furnished to the	Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0 7 Social security tips 9 11 Nongualified plans 14 Other CA SDI 19 Local income tax Copy 2 To Be Filed With Employee's ST/ 1 Wages, tips, other compensation 1 4 5 3 2 0 . 0 0 3 Social security wages 1 3 7 7 0 0 . 0 0 5 Medicare wages and tips 1 4 5 3 2 0 . 0 0	2 Federal income tax withheld 18105.85 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2107.14 8 Allocated tips 10 Dependent care benefits 13 Statutory 1229.09 1229.09 20 Locality name 
15 State       Employer's state I.D. No.       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       145320.00       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service         REV 01/12/21 OSP       b Employer's ladentification number       46-1417871         TEXARA SOLUTIONS LLC       32716       REGENTS BLVD         UNION CITY CA 94587       2464406         KRISHNA KODAMASIMHAM HANUMANTH       46710       CRAWFORD ST , APT# 19         FREMONT CA 94539       fEmployer's state ID.No. 16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       -         femployee's address and ZIP code       16 State wages, tips, etc.       17 State income tax         CA       019-6135-8       -       -       145320.00       -         Fremover's state ID. No.       16 State wages, tips, etc.       17 State income tax       -       7353.35.         Form W-2 Wage and Tax Statement       2020       Department of the Treasury-Internal Revenue Service       -       -         b Employer's Identification number       64-1417871       -       -       -       7353.35.         Form W-2 Wage and Tax Statement       2020	12a See instructions for Box 12          \$         12b          \$         12c          \$         12c          \$         12d          \$         12b          \$         12c          \$         12c          \$         12c          \$         12d          \$         12d <td< td=""><td>1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security wages         1 37700.00         7 Social security tips         9         11 Nongualified plans         14 Other         CA SDI         19 Local income tax        </td><td>2 Federal income tax withheld</td></td<>	1 Wages, tips, other compensation         1 45 3 20.00         3 Social security wages         1 37700.00         5 Medicare wages and tips         1 45 3 20.00         7 Social security wages         1 37700.00         7 Social security tips         9         11 Nongualified plans         14 Other         CA SDI         19 Local income tax	2 Federal income tax withheld

	2464406			required to file a tax return, a negligence			
KRISHNA KODAMASIMHAM	-			penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nonqualified plans		hird-party sick pay
46710 CRAWFORD ST ,	AP.I.# 19			Copy C for Employee's	14 Other		
				Records (see notice to	CA SDI	1229	9.09
FREMONT CA 94539				Employee on back.)			
FREMONI CA 94559				a Employee's soc. sec. no			
f Employee's address and ZIP code				894-06-2175			
15 State Employer's state I.D. No. 16 Sta		7 State income tax		18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CA 019-6135-8	145320.00		7353.35				
Form W-2 Wage and Tax Statement 2020	Department of the Treasur	y-Internal Revenue Ser	vice	OMB # 1545-0008	•	Copy C For Employee's F	Records