

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 51906.24		2 Federal income tax withheld 2930.94	
3 Social security wages 51906.24		4 Social security tax withheld 3218.19	
5 Medicare wages and tips 51906.24		6 Medicare tax withheld 752.64	
a Employee's social security number 324-11-8072			
c Employer's name, address, and ZIP code VULTUS INC 50 CRAGWOOD RD SUITE 126 SOUTH PLAINFIELD NJ 07080			
e Employee's name ROHIT KUMAR SINGH 2420 FORSYTH LN AURORA IL 60502			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 47-0968914		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
13 Statutory employee Retirement Third-party sick employee plan pay			12e
15 State IL	Employer's state ID number 47-0968914000	16 State wages, tips, etc. 51906.24	17 State income tax 2569.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service 324118072000745081

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18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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COPY B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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e Employee's name ROHIT KUMAR SINGH 2420 FORSYTH LN AURORA IL 60502			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 47-0968914		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other	12d
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15 State IL	Employer's state ID number 47-0968914000	16 State wages, tips, etc. 51906.24	17 State income tax 2569.37
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a reduced or partial or other sanction may be imposed on you if this income is taxable and you fail to report it.

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f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 47-0968914		10 Dependent care benefits	12b
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