Copy B To Be Filed with Employee's FEDERAL Tax Return. 2020 OMB No. 1545-0008							Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.						
a Employee's SSN	1 Wag	es, tips, oth		2 Federa	I income tax withheld	a Fmi	plovee's SSN	1 Wag	jes, tips, ot	,	2 Federa	l income tax withheld	
' '			90963.55		14021.0) '				90963.55		14021.00	
473-89-7216	3 Soci	al security v		4 Social:	security tax withheld	1 1	-89-7216	3 Soci	ial security		4 Social	security tax withheld	
b Employer ID no. (EIN)			90963.55		5639.7	b Emp	oloyer ID no. (EIN)			90963.55		5639.74	
46-2566667	5 Medicare wages and tips 90963.55			6 Medicare tax withheld 1318.97		11	-2566667	5 Medicare wages and tips 90963.55			6 Medicare tax withheld 1318.97		
c Employer's name, ad SSATECH II		and ZIP code	·				ployer's name, ad SATECH II		and ZIP cod	de			
13800 COP	D STE 36		13	13800 COPPERMINE RD STE 368									
HERNDON VA 20171						HE	HERNDON VA 20171					20171	
d Control number						d Cor	ntrol number						
e Employee's name, address, and ZIP code Suff. MANIKANTH NALLAMALA 2631 WILLIAM SHORT CIR APT 10 HERNDON VA 20171						MA 26	e Employee's name, address, and ZIP code Suff. MANIKANTH NALLAMALA 2631 WILLIAM SHORT CIR APT 10 HERNDON VA 20171						
7 Social security tips 8 Allocated tips		d tips	9		7 Soci	7 Social security tips		8 Allocated tips		9			
10 Dependent care bene	efits	11 Nonqual	fied plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqua	alified plans	12a Co	ode See inst. for box 12	
13 14 0		Other		12b Code		13	13		14 Other			12b Code	
Statutory employee						Statutor	Statutory employee						
Retirement Plan				12c C	12c Code							12c Code	
				1		Retirem	Retirement Plan						
Third party side pay			12d Code		Third no	Third-party sick pay				12d Code			
Third-party sick pay VA 30-46256	6667	F-001	9096	3.55	4660.00	-	30-46256	1 56667	F-001	9096	3.55	4660.00	
15 State Employer's s	tate ID r	number	16 State wages, tip	s, etc.	17 State income tax	15 State	e Employer's stat	e ID nui	mber	16 State wages, tip	s, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		18 Loc	18 Local wages, tips, etc.		19 Local income tax		20 Locality name		
] [
Form W-2 Wage and Ta This information is being furni	x Stater ished to th	nent ne Internal Rev	enue Service.		Dept. of the Treasury - IF	S Form V	N-2 Wage and Ta	ıx Stateı	ment			Dept. of the Treasury - IR	

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.

| Copy C For EMPLOYEE'S RECORDS. | 2020

Copy C For EM	20							
(See Notice to E				OMB No. 1545-0008				
a Employee's SSN	1 Wages,		•	2 Federal income tax withheld				
			90963.55	14021.00				
473-89-7216	3 Social s	-	-	4 Social security tax withheld				
b Employer ID no. (EIN)			90963.55	5639.74				
46 056666	5 Medicar		•	6 Medicare tax withheld				
46-2566667			90963.55	1318.97				
c Employer's name, as SSATECH I 13800 COP	NC			8				
HERNDON VA 20171								
d Control number					-			
MANIKANTH NALLAMALA 2631 WILLIAM SHORT CIR APT 10 HERNDON VA 20171								
7 Social security tips	8	Allocate	ed tips	9				
10 Dependent care ben	efits 11	Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Other	-		12b Code				
Statutory employee				12c Code				
Retirement Plan				12C Code				
					12d Code			
Third-party sick pay								
VA 30-46256	6667F-	-001	9096	4660.00				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
18 Local wages, tips, et	.c. 19	Local in	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR								

REV 12/09/20 QBDT

Copy 2 To Be Fi	led W	ith Emr	lovee's State	. 20:	20			
City, or Local Inc	ome	Tax Ret	urn.		B No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
a Employees Solv	90963.55			14021.00				
473-89-7216	3 Soci	al security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)			90963.55	5639.74				
a Employer is no. (Ent)	5 Medicare wages and tips			6 Medicare tax withheld				
46-2566667	90963.55			1318.97				
c Employer's name, address, and ZIP code SSATECH INC								
13800 COPPERMINE RD STE 368								
HERNDON VA 20171								
d Control number								
e Employee's name, address, and ZIP code Suff. MANIKANTH NALLAMALA 2631 WILLIAM SHORT CIR APT 10								
HERNDON VA 20171								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	fits	11 Nonqualified plans			12a Code See inst. for box 12			
13	14 Other			12b Code				
Statutory employee				12c Code				
Retirement Plan								
Third-party sick pay								
<u> </u>				33.55 4660.00				
15 State Employer's state			16 State wages, tip	<u>'</u>				
18 Local wages, tips, etc		19 Local ir	ncome tax	20 Localit	,			
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR								