	-To Be Filed With Employed	-		C	MB No. 1545-0008		-To Be Filed With Emp I Income Tax Return	loyee's State,	City,	
	yee's social security number	1. Wages, tips, o	ther compensation	2. Federal in	ncome tax withheld 21040.80	a. Employ	ree's social security number	1. Wages, tips	s, other co	
7579	989446	3. Social secu		4. Social s	security tax withheld	7579	989446	3. Social se		
. Emplo	yer ID number (EIN)	1	05000.00		6510.00	b. Emplo	oyer ID number (EIN)		1050	
37-1	1795098	5. Medicare w	ages and tips	6. Medica	re tax withheld 1522.50	37-3	1795098	5. Medicare	wages	
	yer's name, address, an			•			oyer's name, address, ar CCH RESOURCES IN			
	OUND ROCK WEST ROCK, TX 78681	DR #A185					ROUND ROCK WEST ROCK, TX 78681			
d. Contro	ol number					d. Contr	ol number			
e. Emplo	yee's name, address, ar	nd ZIP code				e. Emplo	oyee's name, address, a	nd ZIP code		
Sac	hin Panjala					Sach	in Panjala			
762	Blue Sage Dr					762 Blue Sage Dr				
SUN	NYVALE, CA 9408	6				SUNN	YVALE, CA 94086			
7. Social	security tips	8. Allocated tips		9. Verification Code		7. Socia	7. Social security tips		8. Allocated tips	
10. Dependent care benefits		11. Nonqualified plans		12a. Code See inst. for Box 12		10. Dependent care benefits		11. Nonqualified plans		
13. Statu		14. Other CASDI 1110.0	0	12b. Co	ode	13. Stati	utory employee	14. Other CASDI 1110	.00	
Re	etirement plan			12c. Co	ode	R	etirement plan			
Thir	d-party sick pay			12d. Code		Third-party sick pay				
CA	071-2973-7		1110	00.00	7578.06	CA	071-2973-7		T	
15. State Employer's state ID no				s, etc. 17.State income tax		15. State		numbor	16. S	
		9. Local income			.otate income tax			19. Local incor	-	
Form W-	-2 Wage and Tax State	ment	2020 Department	of the Treasury	y ~ Internal Revenue Service	Form W	-2 Wage and Tax State	ement	2	
Conv.C. F	For EMBI OVEE'S DECORDS	S/Soo Notice to Em	inlovee)			I				
This informati return, a negli ail to report in	or EMPLOYEE'S RECORDS ion is being furnished to the Internal ligence penalty or other sanction may t.	Revenue Service. If you y be imposed on you if the	are required to file a tax is income is taxable and you	0	MB No. 1545-0008		-To Be Filed With Emp I Income Tax Return	loyee's State,	City,	
a. Employe	ee's social security number	1. Wages, tips, other compensation		2. Federal income tax withheld		a. Employee's social security number			1. Wages, tips, other c	
7579	89446	111000.00		21040.80		757989446			<u> </u>	
o. Emplo	yer ID number (EIN)	3. Social secu	rity wages 05000.00	4. Social s	security tax withheld 6510.00	b, Emplo	oyer ID number (EIN)	3. Social se	curity w	
	1795098	5. Medicare w	ages and tips	6. Medica	re tax withheld	_ I _ `	1795098	5. Medicare	wages	
٦,-1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	05000.00		1522.50	3,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1050	

	o Be Filed With Emp ncome Tax Return	oyee's State, City,				OMB No. 1545-0008		
a. Employee	's social security number	1. Wages, tips,	other co	mpensation	2. Fed	deral income tax withheld		
	39446		111000.00			21040.80		
		3. Social security wages 4.			4. Sc	Social security tax withheld 6510.00		
b. Employ	er ID number (EIN)							
37-1795098		5. Medicare wages and tips 105000.00			6. M	. Medicare tax withheld 1522.50		
c Employ	er's name, address, ar	nd ZIP code						
	H RESOURCES IN							
	UND ROCK WEST ROCK, TX 78681							
d. Control	number							
e. Employ	ee's name, address, a	nd ZIP code						
Sachin	n Panjala							
762 B	lue Sage Dr							
l	VALE, CA 94086							
SOMMI	VALE, CA 94000							
7. Social s	ecurity tips	8. Allocated tips			9.	9. Verification Code		
10. Depen	dent care benefits	11. Nonqualified plans			12	12a. Code See inst. for Box 12		
13. Statuto	ory employee	14. Other CASDI 1110.00			12	12b. Code		
Ret	irement plan				12	12c. Code		
Third	-party sick pay				12	12d. Code		
CA	071-2973-7			111000	.00	7578.06		
15. State	Employer's state ID	number	16. Sta	ate wages, tips	s, etc.	17.State income tax		
18. Local	wages, tips, etc.	19. Local incom	e tax	20. Locailty n	ame			
Form W-2	: Wage and Tax State	ment	20	20 Departm	nent of t	he Treasury ~ Internal Revenue Service		
_	•							
	o Be Filed With Emp ncome Tax Return	loyee's State, (yee's State, City,			OMB No. 1545-0008		
a. Employee	's social security number	1. Wages, tips,	other co		2. Fed	deral income tax withheld		

fail to report it. a. Employee's social security nun		other compensation	2. Federal income tax withheld		
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b. Employer ID number (EIN	•)	.05000.00			
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		.05000.00	1522	4.50	
c. Employer's name, addres SP TECH RESOURCES	•				
525 ROUND ROCK WE					
ROUND ROCK, TX 78					
d. Control number					
e. Employee's name, addre	ss, and ZIP code				
Sachin Panjala					
762 Blue Sage D	r				
SUNNYVALE, CA 9	4086				
7. Social security tips	8. Allocated tips		Verification Code		
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10. Dependent care benefits	s 11. Nonqualifie	d plans	12a. Code See inst. for Box 12		
13. Statutory employee	14. Other		12b. Code	12b. Code	
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Retirement plan Third-party sick pay	_		12c. Code		
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	H RESOURCES IN						
	UND ROCK WEST ROCK, TX 78681						
ROUND	ROCK, IX 70001						
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	dent care benefits	11. Nonqualified					
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10. Deper	ndent care benefits	11. Nonqualified	plans	12:	a. Code See inst. for Box 12		
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10. Deper	ory employee	11. Nonqualified 14. Other	plans	12	a. Code See inst. for Box 12 b. Code		
10. Deper	ory employee	11. Nonqualified 14. Other	plans	12:	a. Code See inst. for Box 12 b. Code		
10. Deper	ory employee	11. Nonqualified 14. Other	plans	12:	a. Code See inst. for Box 12 b. Code c. Code		
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