								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is ar Please note that						Gross Wage		108304.			
		•		•	Group Term	-	32.4				
						Adoption	Life	52.	40 JZ	32.40	
							omp	(7279.83)			
						Section 125		(2191.6	- *	8) (2191.68)	
							x/Wage Limit	(	-, (=====	(====,	
						W-2 Wages	.,	99021.	26 106301.0	09 106301.09	
D. CONTROL NUMBER 000612800501	This Information is being furnished to the Internal Revenue Service 2020 OMB NO. 1545-000				. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 99021.26			2. FEDERAL INCOME TAX WITHHELD 16230.82		
B. EMPLOYER IDENTIFICA	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMB	ER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
20-5947231		207-87-3650				106301.09			6590.67		
C. EMPLOYER'S NAME, A	ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
UBS Business Solution	ons US LLC						10630	1.09		1541.37	
1000 Harbor Blvd Weehawken NJ 0708	6					7. SOCIAL SECURITY TIPS 8. ALLOCATED 1			8. ALLOCATED TIPS		
						9. 10.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	32.40	
Vamsi Krishna		Pentel	а						D	7279.83	
801 Players Ct Nashville TN 37211 USA						14. OTHER			DD	8004.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ET	rc. 17. S	STATE INCOME T	TAX	18. LOCAL WAGES, 1	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL N	UMBER	This Information is	being furnished		0140	NO 1545 0000	1. WAGES, TI	IPS, OTHER COMPENSATION	2. FEDE	RAL INCOME T	AX WITHHELD		
0006128005	01	to the Internal Rev	enue Service	2020	OMB	OMB NO. 1545-0008		99021.26		16230.82			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURI					CURITY NU	MBER	3. SOCIAL SE	4. SOCIA	4. SOCIAL SECURITY TAX WITHHELD				
20-5947231 207-87-3650								106301.09		6590.67			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
	UBS Business Solutions US LLC							106301.09			1541.37		
1000 Harbor Blvd Weehawken NJ 07086							7. SOCIAL SEC	CURITY TIPS	8. ALLO	8. ALLOCATED TIPS			
							9.	10. DEPE	10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				SUFF.	11. NONQUAL	12.a-d C		32.40				
Vamsi Krishn	Vamsi Krishna Pentela						D	)	7279.83				
801 Players Ct Nashville TN 37211 USA					14. OTHER DD			D	8004.00				
									13. STATU		REMENT X THIRD PARTY SICK PAY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPL	OYEE PLA			
15. STATE   EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INC			17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL IN	NCOME TAX	20. LOCALITY NAME					

## Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000612800501	This Information is to the Internal Rev		2020 Of	MB NO. 1545-00	800	1. WAGES, TI	PS, OTHER COMPENS 9902	ATION 1.26	2. FEDERAL INCOME TA	AX WITHHELD 16230.82	
B. EMPLOYER IDENTIFICA	SOCIAL SECURIT	TY NUMBER		3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD			
20-5947231				106301.09			6590.67				
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
UBS Business Solutio	ns US LLC					10630	1.09		1541.37		
1000 Harbor Blvd Weehawken NJ 07086						7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS		
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAM Vamsi Krishna	ME AND INITIAL	LAST NA Pentel		SU	IFF.	11. NONQUAL	FIED PLANS		12.a-d C	32.40 7279.83	
801 Players Ct Nashville TN 37211 USA						14. OTHER			DD	8004.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE EMPLOYER	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC.	17. STATE INCO	ME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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2020

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000612800501	This Information is to the Internal Rev	is being furnished levenue Service 2020 OMB NO. 15		1545-0008	1. WAGES, TI	AGES, TIPS, OTHER COMPENSATION 99021.26		2. FEDERAL INCOME TAX WITHHELD 16230.82					
B. EMPLOYER IDENTIFICATION	R	3. SOCIAL SECURITY WAGES			4. SOCIAL SECU	4. SOCIAL SECURITY TAX WITHHELD							
20-5947231 207-87-3650							106301.09				6590.67		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE T	AX WIT	HHELD		
UBS Business Solution	ns US LLC						301.09		1541.37				
1000 Harbor Blvd Weehawken NJ 07086						7. SOCIAL SEC		8. ALLOCATED	8. ALLOCATED TIPS				
						9.			10. DEPENDENT	CARE E	ENEFITS		
E. EMPLOYEE'S FIRST NAM	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	FIED PLANS		12.a-d C		32.40		
Vamsi Krishna		Pentel	a						D		7279.83		
801 Players Ct Nashville TN 37211 USA						14. OTHER			DD		8004.00		
USA									13. STATUTORY		EMENT X THIRD PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE -	PLAN	SICK PAY		
15. STATE EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC	C. 17. S	TATE INCOME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME		