| Copy B - Fo                       | r Employee's                | Federal Incom                          | ne Tax Returr   | 1          | OMB No.<br>1545-0008  |                |  |  |  |
|-----------------------------------|-----------------------------|--|---|------------|---|----------------|--|--|--|
| security number                   | security number             |  | 78146.41  |            | 2 Federal income tax withheld<br>7036.20<br>4 Social security tax withheld<br>4925.67 |                |  |  |  |
| 301-71-5009<br>Employer ID number |                             | 3 Social security wages 7 9 4 4 6 . 41 |   | 4 Social : |   |                |  |  |  |
| 20-0228                           | 162 5                       |  | dicare wages and tips<br>79446.41                             |            | 6 Medicare tax withheld<br>1151.95  |                |  |  |  |
| Three S<br>9265 Da                |                             | tware LLC                              |   |            |   |                |  |  |  |
| Rasagna<br>2904 Tr                | me, address, and<br>Reddy A | dla<br>ove Trail                       | , Apt 3A  | A          |   |                |  |  |  |
| 7 Social security tips            |                             | 8 Allocated tips                       | 8 Allocated tips  |            | 9 Advance EIC payment   |                |  |  |  |
| 10 Dependent care benefits        |                             | 11 Nonqualified                        | 11 Nonqualified plans   |            |   |                |  |  |  |
| <sup>12a</sup> C                  |                             | 19.92<br>1300.00                       | 13 Statutory employee Retirement plan 3rd-party :  X 14 Other |            |   | party sick pay |  |  |  |
| 2-                                |                             | 1671.14                                |   |            |   |                |  |  |  |
|                                   | N/A                         | 1                                      | I/A   |            | N/A   |                |  |  |  |
| 15 State Employ                   |                             |  | 16 State wages, tips, etc.                                    |            | 17 State income tax   |                |  |  |  |
| 18 Local wages, tips, etc. N/A    |                             | 1                                      | 19 Local income tax N / A                                     |            | 20 Locality name N/A  |                |  |  |  |

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

| Copy 2 - For Emple  | 2020   | OMB No.<br>1545-0008 |  |                                       |                                      |                  |  |  |
|---|--|----------------------|--|---------------------------------------|--------------------------------------|------------------|--|--|
| a Employee's social security number   |  |                      | 146.41   | 2 Federal income tax withheld 7036.20 |                                      |                  |  |  |
| b Employer ID number  | 3 Social 3 S |                      | ges<br>446.41                                      | 4 Social s                            | Social security tax withheld 4925.67 |                  |  |  |
| 20-0228162  | 5 Medi   | care wages ar<br>79  | nd tips<br>446.41                                  | 6 Medica                              | 1.95                                 |                  |  |  |
| cEmployer's name, addre<br>Three Sigma<br>9265 Davis<br>Lorton, VA  | Softwa<br>Dr   |                      |  |                                       |                                      |                  |  |  |
| d Control number 83040 320690 e Employee's name, address, and ZIP code Rasagna Reddy Adla 2904 Trappers cove Trail , Apt 3A Lansing, MI 48910 |  |                      |  |                                       |                                      |                  |  |  |
| 7 Social security tips  | Allocated tips   |                      | 9 Advance EIC payment                              |                                       |                                      |                  |  |  |
| 10 Dependent care benefits 1  |  | Nonqualified plans   |  |                                       |                                      |                  |  |  |
| 12a C   | 19.9   |                      | 13 Statutory employee Retirement plan 3rd-party  X |                                       |                                      | d-party sick pay |  |  |
| 10-   |  | 71.14                | 14 Outel   |                                       |                                      |                  |  |  |
| MI 20-0228  | 20-0228162   |                      | 78146.41   |                                       | 3118.                                |                  |  |  |
| 15 State Employer's State<br>18 Local wages, tips, etc.   | 16 State wages, tips, etc.   |                      |  | 17 State income tax 20 Locality name  |                                      |                  |  |  |
| N/A   |  | N/A                  |  | 2020                                  | N/A                                  |                  |  |  |

Form W-2 Wage and Tax Statement

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|--|-------------------------------------|----------------------|----------------------------------|---------------------------------------|--|---------------------|----------------|----------------------|--|
| a Employee's so security numb                          | 1 Wages, tips, other comp. 78146.41 |                      |                                  | 2 Federal income tax withheld 7036.20 |  |                     |                |                      |  |
| -  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
|  |                                     | 3 Socia              | 3 Social security wages 79446.41 |                                       | 4 Social security tax withheld 4925.67 |                     |                |                      |  |
| b Employer ID number                                   |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| 20-0228  | 3162                                | 5 Medio              | dicare wages and tips            |                                       | 6 Medicare tax withheld                |                     |                |                      |  |
|  |                                     | 79446.41             |                                  |                                       | 1151.95                                |                     |                |                      |  |
|  | me, address, and                    |                      |                                  |                                       |  |                     |                |                      |  |
|  | Sigma So:                           | ftwa                 | re LLC                           |                                       |  |                     |                |                      |  |
|  | avis Dr                             |                      |                                  |                                       |  |                     |                |                      |  |
| Lorton   | , VA 220'                           | 79                   |                                  |                                       |  |                     |                |                      |  |
|  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
|  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| d Control number                                       | er                                  |                      |                                  |                                       |  |                     |                |                      |  |
| 83040  | 320690                              |                      |                                  |                                       |  |                     |                |                      |  |
| e Employee's na  | ame, address, an                    | d ZIP cc             | ode                              |                                       |  |                     |                |                      |  |
| Rasagna  | a Reddy 2                           | Adla                 |                                  |                                       |  |                     |                |                      |  |
|  | _                                   |                      |                                  | , Apt 3A                              |  |                     |                |                      |  |
| 2904 Trappers cove Trail , Apt 3A<br>Lansing, MI 48910 |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| _  | <i>.</i>                            |                      |                                  |                                       |  |                     |                |                      |  |
|  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| 7 Social security tips 8                               |                                     |                      | 8 Allocated tips                 |                                       | 9 Advance EIC payment                  |                     |                |                      |  |
| 7 Coolai scourty tips                                  |                                     | "                    |                                  |                                       |  | rance Lie payme     |                |                      |  |
| 10 Dependent care benefits 11                          |                                     | 1 Nonqualified plans |                                  |                                       |  |                     |                |                      |  |
| To Bependent date benente                              |                                     | ' '                  | rtoriquamiou                     | piano                                 |  |                     |                |                      |  |
| 12a G  | 1                                   |                      |                                  | 13 Statutory empl                     | lovee                                  | Retirement plan     | 3rd-r          | party sick pay       |  |
| C C  |                                     | 19.92                |                                  | X                                     |  |                     | Jarry Sick Pay |                      |  |
| 12b D  | 1300.00                             |                      |                                  | 14 Other                              |  |                     |                |                      |  |
|  |                                     |                      |                                  | i 14 Other                            |  |                     |                |                      |  |
| <sup>12c</sup> DD 167                                  |                                     | 1.14                 |                                  |                                       |  |                     |                |                      |  |
| 12d  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
|  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| MI 20-0228162  |                                     |                      | 78146.41                         |                                       |  | 313                 | 18.42          |                      |  |
|  |                                     |                      |                                  |                                       |  |                     |                |                      |  |
| 15 State Employer's State ID#                          |                                     |                      | 16 State wag                     | ate wages, tips, etc.                 |  | 17 State income tax |                |                      |  |

19 Local income tax

N/A

Form W-2 Wage and Tax Statement

N/A

18 Local wages, tips, etc.

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N/A

20 Locality name