a Employee's SSN 319-73-34	/ 4	<b>b</b> Employer identification n	umber (EIN) 20-142		OMB No. 1545-0008
<b>C</b> Employer's name, address, and ZIP cod DOTS TECHNOLOGIES IN		<b>1</b> Wgs, tips, other compn 78727.00	2 Fed inc tax withheld 11872.00	<b>3</b> Social security wages 78727.00	Form <b>W-2</b>
371 HOES LANE ,SUITE	E #200	<b>4</b> SS tax withheld 4881.07	5 Medicare wages & tips 78727.00	6 Medicare tax withheld 1141.54	Wage and
PISCATAWAY NJ	08854	7 Social security tips	8 Allocated tips	9	Tax Statement
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP coo	de Suff.	13	14 Other	12b	2020
, ,		Statutory employee	CA-SDI 787.27		
SOWJANYA VASA 19524 ALBERT AVENUE		Retirement plan		12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
	90703	The transfer plant is a significant plant is		12d	This information is being furnished to the Internal
15 State Employer's state ID number	16 State wages, tips, etc 1	Third-party sick pay  7 State income tax	18 Local wages, tips, etc	19 Local income tax	Revenue Service.  20 Locality name
CA   288-6212-6	78727.00	4808.43			ļ
REV 12/22/20 QBDT	<u> </u>			   Depar	tment of the Treasury — IRS
<b>a</b> Employee's SSN 319-73-34	74		number (FIN) 20-142	0563/	
<b>a</b> Employee's SSN 319-73-34 <b>c</b> Employer's name, address, and ZIP cod		<ul><li>b Employer identification r</li><li>1 Wgs. tips. other compn</li></ul>	<b>2</b> Fed inc tax withheld	3 Social security wages	OMB No. 1545-0008
DOTS TECHNOLOGIES IN	NC.	78727.00	11872.00	78727.00	Form <b>W-2</b>
371 HOES LANE , SUITE	E #200	4 SS tax withheld 4881.07	5 Medicare wages & tips 78727.00	6 Medicare tax withheld 1141.54	Wage and Tax
PISCATAWAY NJ	08854	7 Social security tips	8 Allocated tips	9	Statement
<b>d</b> Control number		10 Depdnt care benefits	11 Nonqualified plans	12a	2020
e Employee's name, address, and ZIP code Suff.					2020
e Employee's name, address, and ZIP cod	de Suff.	13	14 Other	12b	
		13 Statutory employee.	<b>14</b> Other CA-SDI 787.27		Copy 2 To Be Filed With
e Employee's name, address, and ZIP coordinates and ZIP coordinate		I <del>□</del>		12b   12c	Filed With Employee's State,
SOWJANYA VASA 19524 ALBERT AVENUE		Statutory employee			Filed With
SOWJANYA VASA 19524 ALBERT AVENUE	90703	Statutory employee.		12c	Filed With Employee's State, City, or Local Income Tax
SOWJANYA VASA 19524 ALBERT AVENUE CERRITOS CA  15 State Employer's state ID No.	90703 <b>16</b> State wages, tips, etc	Statutory employee	CA-SDI 787.27	12c	Filed With Employee's State, City, or Local Income Tax Return.
SOWJANYA VASA 19524 ALBERT AVENUE CERRITOS CA  15 State Employer's state ID No. CA 288-6212-6	90703 <b>16</b> State wages, tips, etc	Statutory employee	CA-SDI 787.27	12c	Filed With Employee's State, City, or Local Income Tax Return.
SOWJANYA VASA 19524 ALBERT AVENUE CERRITOS CA  15 State Employer's state ID No. CA 288-6212-6	90703  16 State wages, tips, etc	Statutory employee	CA-SDI 787.27  18 Local wages, tips, etc	12c   12d   19 Local income tax	Filed With Employee's State, City, or Local Income Tax Return.
SOWJANYA VASA 19524 ALBERT AVENUE CERRITOS CA  15 State Employer's state ID No. CA 288-6212-6  REV 12/22/20 QBDT  a Employee's SSN 319-73-34 c Employer's name, address, and ZIP cod	90703  16 State wages, tips, etc 78727.00	Statutory employee.  Retirement plan	CA-SDI 787.27  18 Local wages, tips, etc	12c   12d   19 Local income tax   25634   Quired to file a tax return, a ne	Filed With Employee's State, City, or Local Income Tax Return.  20 Locality name  OMB No. 1545-0008
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SOWJANYA VASA 19524 ALBERT AVENUE CERRITOS CA  15 State Employer's state ID No. CA 288-6212-6  REV 12/22/20 QBDT  a Employee's SSN 319-73-34 c Employer's name, address, and ZIP cod	90703  16 State wages, tips, etc 78727.00  74	Retirement plan	CA-SDI 787.27  18 Local wages, tips, etc  19 Local wages, tips, etc  20 142  19 Local wages, tips, etc  20 142  21 Local wages, tips, etc	12c 12d 19 Local income tax 19 Local income tax 40 quired to file a tax return, a neable and you fail to report it. 3 Social security wages	Filed With Employee's State, City, or Local Income Tax Return.  20 Locality name  OMB No. 1545-0008 gligence penalty or  Form W-2  Wage and
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