Copy B To Be Filed With Employee's FEDERAL Tax Return				2020	OMB No. 1545-0008
a. Employee's SSN	1 Wages	tips, other comp. 83704.96	2 Fed	leral income	tax withheld 12162.76
XXX-XX-4054	3 Social :	security wages 74524.62	4 Soc	cial security	tax withheld 4620.53
b. Employer ID number	5 Modico	re wages and tips	6 Ma	dicaro tay w	
26-0207761		74524.62	6 Medicare tax withheld 1080.60		
c. Employer's name, addre	ess, and ZIF	ode code			
PROGRESS SOL		_			
2601 Network	Blvd	STE 450			
FRISCO, TX 7	5034				
d. Control number 3 0					
e. Employee's name, addre Sahithya Vup		code			
4508 Carlyle	Ct				
Apt 821					
Santa Clara,	CA 95	054			
7 Social security tips	8 A	Illocated tips			
10 Dependent care benefits	11 N	lonqualified plans	12a Code See inst. for box 12		inst. for box 12
	14 Other CA SDI	837.04	12b Code		
	-		40	c Code	
Retirement plan			12	c Code	
Third party sick pay			12	d Code	
CA 29731395		83704.	96		5043.86
15 State Emplr.'s state I	ID#	16 State wages, tips, etc.		17 State ince	ome tax
18 Local wages, tips,etc.	19 L	ocal income tax	20	Locality nam	ne
Form W-2 Wage and Tax This information is being		to the Internal Revenue Se			Treasury IRS 39-1908647

Copy 2 To Be Filed With Employee's State, 2020 City, or Local Income Tax Return 1545-0008 a. Employee's SSN 2 Federal income tax withheld 1 Wages, tips, other comp 83704.96 12162.76 XXX-XX-4054 3 Social security wages 4 Social security tax withheld 74524.62 4620.53 b. Employer ID number 5 Medicare wages and tips 6 Medicare tax withheld 26-0207761 1080.60 74524.62  $c\,.$  Employer's name, address, and ZIP code PROGRESS SOLUTIONS INC 2601 Network Blvd STE 450 FRISCO, TX 75034 d. Control number 30 e. Employee's name, address, and ZIP code Sahithya Vuppala 4508 Carlyle Ct Apt 821 Santa Clara, CA 95054 7 Social security tips 8 Allocated tips 11 Nonqualified plans 10 Dependent care benefits 12a Code See inst. for box 12 14 Other CA SDI 13 Statutory employee 12b Code 837.04 Retirement plan 12c Code Third party sick pay 12d Code 5043.86 29731395 83704.96 CA 15 State Emplr.'s state ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS 39-1908647

penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYE (See Notice to Emplo		2020	OMB No. 1545-0008		
a. Employee's SSN		2 Federal income tax withheld			
XXX-XX-4054	83704.96			12162.76	
XXX-XX-40J4			al security	t ax w ith held	
b. Employer ID number	74524.62	4620.53			
	5 Medicare wages and tips	6 Med	licare tax v	v ith he l d	
26-0207761	74524.62			1080.60	
c. Employer's name, address, and ZIP code					

PROGRESS SOLUTIONS INC 2601 Network Blvd STE 450 FRISCO, TX 75034

d. Control number 30

e. Employee's name, address, and ZIP code Sahithya Vuppala

4508 Carlyle Ct

Apt 821

Santa Clara, CA 95054

7 Social security tips		8 A	llocated tips		
10 Dependent care benefits 11		efits 11 N	onqualified plans	12a Code See inst. for box 12	
		14 Other CA SDI	837.04	12b Code	
Retirement plan				12c Code	
Thir	d party sick pay			12d Code	
CA	29731395		83704.9	5043.86	
15 State Emplr.'s state ID#		16 State wages, tips, etc.	17 State income tax		
18 Loca I wages, tips, etc. 19 I		19 L	ocal income tax	20 Locality name	
Forn	n W-2 Wage and Ta	ax Statement	39-1908647	Dept. of the Treasury IRS	

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AWW2-B22C	Copyright AccountantsWorld, 2004			
Copy 2 To Be Filed With City, or Local Income		2020	OMB No. 1545-0008	
a. Employee's SSN XXX-XX-4054	1 Wages, tips, other comp. 83704.96	2 Federal income	tax withheld 12162.76	
b. Employer ID number	3 Social security wages 74524.62	4 Social security tax withheld 4620.		
26-0207761	5 Medicare wages and tips 74524.62	6 Medicare tax w	ith held 1080.60	
c. Employer's name, address, PROGRESS SOLUT 2601 Network E FRISCO, TX 750	CIONS INC Blvd STE 450			
d. Control number 30				
e. Employee's name, address, Sahithya Vuppa	ıla			

Apt 821 Santa Clara, CA 95054 7 Social security tips 8 Allocated tips 12a Code See inst. for box 12 10 Dependent care benefits 11 Nonqualified plans 14 Other CA SDI 12b Code 13 Statutory employee 837.04 Retirement plan 12c Code 12d Code Third party sick pay CA 29731395 83704.96 5043.86 15 State EmpIr.'s state ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

39-1908647

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