



**W-2** Employee Reference Copy  
Wage and Tax Statement  
2020  
OMB No. 1545-0008

Copy C for employee's records.

|                            |        |       |       |                   |
|----------------------------|--------|-------|-------|-------------------|
| d Control number<br>000092 | RM/6DI | Dept. | Corp. | Employer use only |
|----------------------------|--------|-------|-------|-------------------|

c Employer's name, address, and ZIP code  
SINGULAR ANALYSTS INC  
17440 DALLAS PARKWAY  
SUITE 250  
DALLAS, TX 75287  
Batch #92981

e/f Employee's name, address, and ZIP code  
PUNEET BANDARI  
16100 SPACE CENTER BLVD  
APT # 808  
HOUSTON, TX 77062

|  |   |
|--|---|
| b Employer's FED ID number<br>46-1614086 | a Employee's SSA number<br>XXX-XX-8960    |
| 1 Wages, tips, other comp.<br>32500.00   | 2 Federal income tax withheld<br>4495.67  |
| 3 Social security wages                  | 4 Social security tax withheld            |
| 5 Medicare wages and tips                | 6 Medicare tax withheld                   |
| 7 Social security tips                   | 8 Allocated tips                          |
| 9  | 10 Dependent care benefits                |
| 11 Nonqualified plans                    | 12a See instructions for box 12           |
| 14 Other                                 | 12b                                       |
|  | 12c                                       |
|  | 12d                                       |
|  | 13 Stat emp. Ret. plan 3rd party sick pay |
| 15 State Employer's state ID no.         | 16 State wages, tips, etc.                |
| 17 State income tax                      | 18 Local wages, tips, etc.                |
| 19 Local income tax                      | 20 Locality name                          |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay          | 32,500.00                                       | 32,500.00                             | 32,500.00                      |
| Reported W-2 Wages | 32,500.00                                       | 0.00                                  | 0.00                           |

2. Employee Name and Address.

PUNEET BANDARI  
16100 SPACE CENTER BLVD  
APT # 808  
HOUSTON, TX 77062

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| 7 Social security tips   | 8 Allocated tips                          |                            |
| 9  | 10 Dependent care benefits                |                            |
| 11 Nonqualified plans  | 12a See instructions for box 12           |                            |
| 14 Other   | 12b                                       |                            |
|  | 12c                                       |                            |
|  | 12d                                       |                            |
|  | 13 Stat emp. Ret. plan 3rd party sick pay |                            |
| e/f Employee's name, address and ZIP code<br>PUNEET BANDARI<br>16100 SPACE CENTER BLVD<br>APT # 808<br>HOUSTON, TX 77062 | 15 State Employer's state ID no.          | 16 State wages, tips, etc. |
| 17 State income tax  | 18 Local wages, tips, etc.                |                            |
| 19 Local income tax  | 20 Locality name                          |                            |

**W-2** Federal Filing Copy  
Wage and Tax Statement  
2020  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

|  |  |       |                   |
|--|--|-------|-------------------|
| 1 Wages, tips, other comp.<br>32500.00 | 2 Federal income tax withheld<br>4495.67 |       |                   |
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DALLAS, TX 75287

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| 9  | 10 Dependent care benefits                |                            |
| 11 Nonqualified plans  | 12a                                       |                            |
| 14 Other   | 12b                                       |                            |
|  | 12c                                       |                            |
|  | 12d                                       |                            |
|  | 13 Stat emp. Ret. plan 3rd party sick pay |                            |
| e/f Employee's name, address and ZIP code<br>PUNEET BANDARI<br>16100 SPACE CENTER BLVD<br>APT # 808<br>HOUSTON, TX 77062 | 15 State Employer's state ID no.          | 16 State wages, tips, etc. |
| 17 State income tax  | 18 Local wages, tips, etc.                |                            |
| 19 Local income tax  | 20 Locality name                          |                            |

**W-2** State Reference Copy  
Wage and Tax Statement  
2020  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

|  |  |       |                   |
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| 1 Wages, tips, other comp.<br>32500.00 | 2 Federal income tax withheld<br>4495.67 |       |                   |
| 3 Social security wages                | 4 Social security tax withheld           |       |                   |
| 5 Medicare wages and tips              | 6 Medicare tax withheld                  |       |                   |
| d Control number<br>000092             | Dept. RM/6DI                             | Corp. | Employer use only |

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| 17 State income tax  | 18 Local wages, tips, etc.                |                            |
| 19 Local income tax  | 20 Locality name                          |                            |

**W-2** City or Local Reference Copy  
Wage and Tax Statement  
2020  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.