WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505

IMPORTANT TAX DOCUMENT ENCLOSED

LIKHITHA ANDE 195 N CREEK DR APT#8202,

SUMMERVILLE SC 29486

REV 12/29/20 OSP

Notice to Employee

Do you have to file? Refer to the Instructions for Form 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 or income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2c. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Form 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Form 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Form 1040 and 1040-SR.

and 1040-SH. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferred under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$5,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A— Uncollected social security or RRTA tax on tips. Include this tax on Forms 1040 and 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B— Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C— Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D— Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E— Elective deferrals under a section 403(b) salary reduction agreement

F- Elective deferrals under a section 408(k)(6) salary reduction SEP

G— Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H->> Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J— Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K— 20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L— Substantiated employee business expense reimbursements (nontaxable)

M— Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N— Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P— Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q— Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R— Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S— Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T— Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts. V— Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W— Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y- Deferrals under a section 409A nonqualified deferred compensation plan

Z— Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA- Designated Roth contributions under a section 401(k) plan

BB - Designated Roth contributions under a section 403(b) plan

DD— Cost of employer-sponsored health coverage.The amount reported with code DD is not taxable.

EE— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF— Permitted benefits under a qualified small employer health reimbursement arrangement

GG- Income from qualified equity grants under section 83(i)

HH— Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social** security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

	10 0 : / / / D 10		
b Employer's Identification number 26-4787307 c Employer's name, address, and ZIP code	12a See Instructions for Box 12	1 Wages, tips, other compensation 73309.60	9190.10
LIANTE COLUMNO TAG	12b	3 Social security wages	4 Social security tax withheld
WAVE SOLUTIONS INC	le.	73309.60	4545.20
1444 N. EADNONODEN AND	12c	5 Medicare wages and tips	6 Medicare tax withheld
1444 N. FARNSWORTH AVE	 \$	73309.60	1062.99
SUITE 303	12d	7 Social security tips	8 Allocated tips
AURORA IL 60505 [e Employee's first name and initial Last name		0	10 Dependent care benefits
<u>le Employee's first name and initial</u> Last name 676850	This information is being furnished to the	J	To Dependent care benefits
	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party
LIKHITHA ANDE	Copy B To Be Filed with		13 Statutory Retirement Third-party employee plan sick pay
195 N CREEK DR APT#8202,	Employee's FEDERAL	14 Other	
	Tax Return	14 Other	
SUMMERVILLE SC 29486			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	311-93-9026	10.1	100.1 15
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	Vith Employee's FEDERAL Tax Retur
2020			
b Employer's Identification number 26-4787307	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	73309.60	9190.10
WAVE SOLUTIONS INC	12b	3 Social security wages	4 Social security tax withheld
	 \$	73309.60	4545.20
1444 N. FARNSWORTH AVE	12c	5 Medicare wages and tips	6 Medicare tax withheld
SUITE 303	\$ 12d	73309.60 7 Social security tips	1062.99
AURORA IL 60505		7 Social Security tips	8 Allocated tips
e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
676850			
0/0000		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
LIKHITHA ANDE	Copy 2 for State, City, or		employeé plan sick pay
195 N CREEK DR APT#8202,	Local Tax Departments	14 Other	
,		17 Other	
SUMMERVILLE SC 29486			
SUMMERVILLE SC 29400	a Employee's soc. sec. no		
f Employee's address and ZIP code	311-93-9026	401	20 Lecality name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		†	
THOU IT ON THE PROPERTY OF THE			
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Department
REV 12/29/20 OSP			
	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
REV 12/29/20 OSP b Employer's Identification number c Employer's name, address, and ZIP code 26-4787307			
REV 12/29/20 OSP	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages	2 Federal income tax withheld 9190.10 4 Social security tax withheld
B Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60	2 Federal income tax withheld 9190.10
BENDIOYE'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99
B Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld
DEMPLOYE'S Identification number completes and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial Last name	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99
DEMPLOYE'S Identification number completes and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial Last name	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips
BEMPLOYE'S Identification number C Employer'S name, address, and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 (a Employee'S first name and initial Last name 676850 LIKHITHA ANDE	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number c Employer's name, address, and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 (a Employee's first name and initial Last name 676850	12a See instructions for Box 12 \$ 12b \$ 12c \$ \$ 12d \$ \$ \$ Copy 2 for State, City, or	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number C Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202,	12a See instructions for Box 12 \$ 12b \$ 12c \$ \$ 12d \$ \$ \$ Copy 2 for State, City, or	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
BEMPLOYE'S Identification number C Employer'S name, address, and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 (a Employee'S first name and initial Last name 676850 LIKHITHA ANDE	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number C Employer's name, address, and ZIP code	12a See instructions for Box 12 \$ 12b \$ \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party employee plan sick pay
b Employer's Identification number c Employer's name, address, and ZIP code 26-4787307 WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 [a Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 [f Employee's address and ZIP code 15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
b Employer's Identification number C Employer's name, address, and ZIP code	12a See instructions for Box 12 \$ 12b \$ \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party employee plan sick pay
b Employer's Identification number CEmployer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02	12a See instructions for Box 12 \$ 12b \$ \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory employee plan Third-party sick pay
BEMPLOYE'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory employee plan sick pary sick pary
b Employer's Identification number CEmployer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory employee plan sick pary sick pary
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	\$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Sick pay
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory employee Plan Sick pay sick pay and a security name 20 Locality name 2 Federal income tax withheld 9190.10
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 e Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	\$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay 10 Locality name 20 Locality name 2 Federal income tax withheld 9190.10 4 Social security tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code Discrete code and the state wages, tips, etc. 1444 N. FARNSWORTH AVE SUITE 303	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay plan plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code Discrete code and the state wages, tips, etc. 1444 N. FARNSWORTH AVE SUITE 303	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay 10 Locality name 2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state LD. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 26-4787307 WAVE SOLUTIONS INC	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay plan plan 20 Locality name
b Employer's Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Sick pay Plan
DEMPLOYE'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Sick pay Plan
DEMPLOYE'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505	12a See instructions for Box 12	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory employee Plan Third-party sick party plan 14 Social security tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips
DEMPLOYER'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 EEMPLOYE'S ITS name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 fEmployee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 EEMPLOYE'S first name and initial Last name 676850	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security ax withheld 15 Federal income tax withheld 16 Social security tax withheld 17 Social security tax withheld 18 Social security tax withheld 19 Social security tax withheld 10 Social security tax withheld 11 Statutory Retirement Third-party
Demployer's Identification number comployer's name, address, and ZIP code IDENTIFY STATE IDENTIFY IDE	12a See instructions for Box 12 \$ 12b \$ 12c \$ \$ 12d \$ 12d \$ \$ \$ 12d \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement Third-party plan Plan Plan Plan Plan Plan Plan Plan P
DEMPLOYER'S Identification number c Employer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 EEMPLOYE'S ITS name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 fEmployee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 EEMPLOYE'S first name and initial Last name 676850	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security tax withheld 15 Statutory Retirement withheld 16 Statutory Plan Statutory Statutory tax withheld 17 Statutory Third-party tax withheld 18 Statutory Retirement Third-party tax withheld 18 Statutory Retirement Third-party tax withheld 19 Statutory Retirement Third-party tax withheld 10 Dependent care benefits
Demployer's Identification number comployer's name, address, and ZIP code IDENTIFY STATE IDENTIFY IDE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security ax withheld 15 Federal income tax withheld 16 Social security tax withheld 17 Social security tax withheld 18 Social security tax withheld 19 Social security tax withheld 10 Social security tax withheld 11 Statutory Retirement Third-party
Demployer's Identification number comployer's name, address, and ZIP code IDENTIFY STATE IDENTIFY IDE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security ax withheld 15 Federal income tax withheld 16 Social security tax withheld 17 Social security tax withheld 18 Social security tax withheld 19 Social security tax withheld 10 Social security tax withheld 11 Statutory Retirement Third-party
BEMPLOYE'S Identification number comployer's address and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 fEmployee's address and ZIP code 15 State Employee's state ID. No. 16 State wages. tips. etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security ax withheld 15 Federal income tax withheld 16 Social security tax withheld 17 Social security tax withheld 18 Social security tax withheld 19 Social security tax withheld 10 Social security tax withheld 11 Statutory Retirement Third-party
BEMPLOYE'S Identification number comployer's name, address, and ZIP code (Employer's name, address, and ZIP code (Employer's name) address, and ZIP code (Employer's name) address, and ZIP code (Employer's first name and initial (Employer's name) address and ZIP code (Employer's literation number comployer's literation number comployer's name, address, and ZIP code (Employer's first name and initial (Employer's name, address, and ZIP code (Employer's name, address, and ZIP code (Employer's name, address, and ZIP code (Employer's first name and initial (Employer's name, address, and ZIP code (Employer's address and ZIP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Third-party sick pay plan 20 Locality name 2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits
BEMPLOYE'S Identification number comployer's address and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 fEmployee's address and ZIP code 15 State Employee's state ID. No. 16 State wages. tips. etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 13 Statutory Retirement plan sick pay 14 Social security ax withheld 15 Federal income tax withheld 16 Social security tax withheld 17 Social security tax withheld 18 Social security tax withheld 19 Social security tax withheld 10 Social security tax withheld 11 Statutory Retirement Third-party
BEMPLOYE'S Identification number comployer's name, address, and ZIP code WAVE SOLUTIONS INC 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 6 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 1 Employee's address and ZIP code 15 State Employer's state ID. No. 16 State wages, tips, etc. 17 State income tax SC 111187581 73309.60 4077.02 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service DE Employer's Identification number comployer's name, address, and ZIP code 1444 N. FARNSWORTH AVE SUITE 303 AURORA IL 60505 6 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 1 Employee's first name and initial Last name 676850 LIKHITHA ANDE 195 N CREEK DR APT#8202, SUMMERVILLE SC 29486 1 Employee's address and ZIP code 15 State Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 17 State income tax 18 Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 18 Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 18 Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 18 Employee's address and ZIP code 15 State Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 19 Employee's address and ZIP code 15 State Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 19 Employee's address and ZIP code 15 State Employee's address and ZIP code 15 State Employee's state ID. No. 16 State wages, tips, etc. 17 State income tax 19 Employee's address and ZIP code 15 State Wages, tips, etc. 17 State income	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 73309.60 3 Social security wages 73309.60 5 Medicare wages and tips 73309.60 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Third-party plan Sick pay plan 20 Locality name 2 Federal income tax withheld 9190.10 4 Social security tax withheld 4545.20 6 Medicare tax withheld 1062.99 8 Allocated tips 10 Dependent care benefits