

| Copy B To Be Filed With Employee's FEDERAL Tax Return | | 2020 | | OMB No. 1545-0008 |
|---|--|--|--|----------------------|
| a. Employee's SSN XXX-XX-7400 | 1 Wages, tips, other comp. 33024.80 | 2 Federal income tax withheld 5323.76 | | |
| b. Employer ID number 82-4262143 | 3 Social security wages | 4 Social security tax withheld | | |
| | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| c. Employer's name, address, and ZIP code DATAD SOLUTIONS INC ACRM 1104 S Mays St, Suite 206 Round Rock, TX 78664 | | | | |
| d. Control number 1 | | | | |
| e. Employee's name, address, and ZIP code Ramana Musuku 5102 Stearns hill road waltham, MA 02451 | | | | |
| 7 Social security tips | 8 Allocated tips | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan | | 12c Code | | |
| Third party sick pay | | 12d Code | | |
| MA | 33024.80 | 1661.83 | | |
| 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
This information is being furnished to the Internal Revenue Service. 39-1908647

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | 2020 | | OMB No. 1545-0008 |
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Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS
39-1908647

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee) | | 2020 | | OMB No. 1545-0008 |
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Form W-2 Wage and Tax Statement 39-1908647 Dept. of the Treasury -- IRS

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