b Employer's Identification number 20 - 24 5 6 0 7 0	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code	\$	144569.62	18602.17
SOURCE CONSULTING LLC	12b	3 Social security wages 137700.00	4 Social security tax withheld 8537.40
A MINIDOONG MAY	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
4 WINDSONG WAY	\$ 12d	144569.62 7 Social security tips	2096.26 8 Allocated tips
HOPKINTON MA 01748	I\$	7 Social security tips	6 Allocated tips
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
2535534	Internal Revenue Service	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAJASHEKAR REDDY MATTA 2601 SCOFIELD RIDGE PARKWAY, APT 817	Copy B To Be Filed with		employee plan sick pay
2001 Beolines Rises Fraction, In 1 017	Employee's FEDERAL Tax Return	14 Other	
AUSTIN TX 78727			
f Employee's address and 7ID code	a Employee's soc. sec. no 476-99-3188		
f Employee's address and ZIP code 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
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed \	With Employee's FEDERAL Tax Return
b Employer's Identification number 20 – 24 5 6 0 7 0	12a See instructions for Box 12	1 Wages, tips, other compensation	
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2535534			To Dependent dure benefits
RAJASHEKAR REDDY MATTA	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party sick pay
2601 SCOFIELD RIDGE PARKWAY, APT 817	Local Tax Departments	14 Other	
		14 Other	
AUSTIN TX 78727	a Employee's soc. sec. no		
f Employee's address and ZIP code	476-99-3188	401	120 Lecelity name
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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 ST	ATE. CITY, or LOCAL Tax Departments
2020			, , , , , , , , , , , , , , , , , , , ,
REV 01/07/21 OSP			
b Employer's Identification number c Employer's name, address, and ZIP code 20-2456070	1.	1 Wages, tips, other compensation	
C Employer 3 hame, address, and 211 code	12a See instructions for Box 12 \$ 12b	1 Wages, tips, other compensation 144569.62 3 Social security wages	2 Federal income tax withheld 18602.17 4 Social security tax withheld
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SOURCE CONSULTING LLC	\$ 12b \$ 12c	144569.62 3 Social security wages 137700.00 5 Medicare wages and tips 144569.62	18602.17 4 Social security tax withheld 8537.40 6 Medicare tax withheld 2096.26
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