

<b>a</b> Employee's SSN 899-25-2650		<b>b</b> Employer identification number (EIN) 20-5923714			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code SATURN TECH, LLC DBA SAANVI TECHNO SATURN TECH LLC DBA SAANVI TECHNO 24155 DRAKE RD STE 143  FARMINGTON HILLS MI 48335		<b>1</b> Wgs, tips, other compn 5281.70	<b>2</b> Fed inc tax withheld 663.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code SREEHARSHA GURRAM 5626 OWENS DR APT 202 PLEASANTON CA 94588		<b>13</b> Statutory employee <input type="checkbox"/>		<b>14</b> Other CA-SDI 52.82		<b>12b</b>
		Retirement plan <input type="checkbox"/>				<b>12c</b>
		Third-party sick pay <input type="checkbox"/>				<b>12d</b>
<b>15</b> State CA	Employer's state ID number 031-0113-6	<b>16</b> State wages, tips, etc 5281.70	<b>17</b> State income tax 230.88	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

Department of the Treasury — IRS

Form **W-2**  
**Wage and Tax Statement**  
**2020**

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

<b>a</b> Employee's SSN 899-25-2650		<b>b</b> Employer identification number (EIN) 20-5923714			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code SATURN TECH, LLC DBA SAANVI TECHNO SATURN TECH LLC DBA SAANVI TECHNO 24155 DRAKE RD STE 143  FARMINGTON HILLS MI 48335		<b>1</b> Wgs, tips, other compn 5281.70	<b>2</b> Fed inc tax withheld 663.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code SREEHARSHA GURRAM 5626 OWENS DR APT 202 PLEASANTON CA 94588		<b>13</b> Statutory employee <input type="checkbox"/>		<b>14</b> Other CA-SDI 52.82		<b>12b</b>
		Retirement plan <input type="checkbox"/>				<b>12c</b>
		Third-party sick pay <input type="checkbox"/>				<b>12d</b>
<b>15</b> State CA	Employer's state ID No. 031-0113-6	<b>16</b> State wages, tips, etc 5281.70	<b>17</b> State income tax 230.88	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

Form **W-2**  
**Wage and Tax Statement**  
**2020**

<b>a</b> Employee's SSN 899-25-2650		<b>b</b> Employer identification number (EIN) 20-5923714			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code SATURN TECH, LLC DBA SAANVI TECHNO SATURN TECH LLC DBA SAANVI TECHNO 24155 DRAKE RD STE 143  FARMINGTON HILLS MI 48335		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		<b>1</b> Wgs, tips, other compn 5281.70	<b>2</b> Fed inc tax withheld 663.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
<b>d</b> Control No.		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>e</b> Employee's name, address, and ZIP code SREEHARSHA GURRAM 5626 OWENS DR APT 202 PLEASANTON CA 94588		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code SREEHARSHA GURRAM 5626 OWENS DR APT 202 PLEASANTON CA 94588		<b>13</b> Statutory employee <input type="checkbox"/>		<b>14</b> Other CA-SDI 52.82		<b>12b</b>
		Retirement plan <input type="checkbox"/>				<b>12c</b>
		Third-party sick pay <input type="checkbox"/>				<b>12d</b>
<b>15</b> State CA	Employer's state ID No. 031-0113-6	<b>16</b> State wages, tips, etc 5281.70	<b>17</b> State income tax 230.88	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

Form **W-2**  
**Wage and Tax Statement**  
**2020**

Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)