| Copy BTo Be Filed With Employee's FEDERAL Tax Return  This information is being funished to the Internal Revenue Service.  OMB No. 1545-0008        |  |  |  |   | Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return |                            |   |                                | OMB No. 1545-0008                       |  |
|---|--|--|--|---|---|----------------------------|---|--------------------------------|---|--|
| a. Employee's social security number  |  |  | 2. Federal income tax withheld 15834.17    | 15834.17  |   | 1. Wages, tips,            | 1. Wages, tips, other compensation 94000.00 |                                | 2. Federal income tax withheld 15834.17 |  |
| 299774068   | 3. Social security wages   |  | 4. Social security tax withheld 992.00     | b. Employer ID number (EIN)   |   | 3. Social sec              | 3. Social security wages 16000.00           |                                | 4. Social security tax withheld 992.00  |  |
| 37-1795098  5. Medicare wages and tips  |  | ages and tips  | 6. Medicare tax withheld                   | 37-1795098  |   | 5. Medicare wages and tips |   | 6. Med                         | 6. Medicare tax withheld                |  |
| c. Employer's name, address, a  |  | 16000.00   | 232.00                                     | c. Employ   | ver's name, address, a  | and ZIP code               | 16000.00                                    |                                | 232.00                                  |  |
| SP TECH RESOURCES INC   |  |  |  |   | SP TECH RESOURCES INC 525 ROUND ROCK WEST DR #A185                        |                            |   |                                |   |  |
| 525 ROUND ROCK WEST<br>ROUND ROCK, TX 7868  |  |  |  |   | OUND ROCK WEST<br>ROCK, TX 7868   |                            |   |                                |   |  |
| d. Control number   |  |  |  | d. Control  | l number  |                            |   |                                |   |  |
| e. Employee's name, address, FLEMING DASARI   | and ZIP code   |  |  | 1 ' '   | vee's name, address,  | and ZIP code               |   |                                |   |  |
| 1901 KNIGHTS BRID   | GE RD  |  |  |   | KNIGHTS BRIDGE  | E RD                       |   |                                |   |  |
| FARMERS BRANCH, TX 75234  |  |  |  |   | FARMERS BRANCH, TX 75234  |                            |   |                                |   |  |
| 7. Social security tips 8. Allocated tips   |  |  | 9. Verification Code                       | 7. Social security tips   |   | 8. Allocated tips          |   | 9. V                           | 9. Verification Code                    |  |
| D. Dependent care benefits 11. Nonqualified plans   |  |  | 12a. Code See inst. for Box 12             | 10. Dependent care benefits 1   |   | 11. Nonqualifie            | 11. Nonqualified plans                      |                                | 12a. Code See inst. for Box 12          |  |
| 13. Statutory employee  | 14. Other  |  | 12b. Code 13. Statutory employee           |   | ory employee  | 14. Other                  |   | 12b                            | 12b. Code                               |  |
| Retirement plan   |  |  | 12c. Code                                  | Re  | Retirement plan   |                            |   |                                | 12c. Code                               |  |
| Third-party sick pay  | d-party sick pay   |  | 12d. Code                                  | le Third-party sick pay   |   | 1                          |   | 12d                            | . Code                                  |  |
| 15. State Employer's state IE   | ) number   | 16. State wages, tip   | s, etc. 17.State income tax                | 15. State   | Employer's state IE   | ) number                   | 16. State wages, tips                       | s, etc.                        | 17.State income tax                     |  |
| 18. Local wages, tips, etc.   | 19. Local income   | tax 20. Locailty n   | ame  | 18. Local   | wages, tips, etc.   | 19. Local incom            | e tax 20. Locailty n                        | ame                            |   |  |
| Form W-2 Wage and Tax Stat  | ement  | 2020 Department  | of the Treasury ~ Internal Revenue Service | Form W-2  | 2 Wage and Tax Stat   | tement                     | <b>2020</b> Departm                         | nent of the                    | Treasury ~ Internal Revenue Service     |  |
| Copy CFor EMPLOYEE'S RECOR<br>This information is being furnished to the Interr<br>return, a negligence penalty or other sanction real to report it | DS(See Notice to Em<br>nal Revenue Service. If you<br>may be imposed on you if the | nployee.)<br>I are required to file a tax<br>his income is taxable and you | OMB No. 1545-0008                          | Copy 2To Be Filed With Employee's State, City, or Local Income Tax Return |   |                            | City,                                       | OMB No. 1545-0008              |   |  |
| a. Employee's social security number  |  | other compensation   | 2. Federal income tax withheld 15834.17    | a. Employe  | a. Employee's social security number                                      |                            | 1. Wages, tips, other compensation 94000.00 |                                | 2. Federal income tax withheld 15834.17 |  |
| 299774068   | , ,  |  | 4. Social security tax withheld            | 299774068   |   | 3. Social security wages   |   | Social sececutity tax withheld |   |  |
| b. Employer ID number (EIN) $37-1795098$  | 16000.00  5. Medicare wages and tips 6   |  | 992.00<br>6. Medicare tax withheld         | b. Employer ID number (EIN) 37–1795098                                    |   | 5. Medicare                | 16000.00  5. Medicare wages and tips  6. M  |                                | 992.00                                  |  |
|   | 16000.00   |  | 232.00                                     | c. Employer's name, address, an   |   | 7/20                       | 16000.00                                    |                                | 232.00                                  |  |
| c. Employer's name, address, a<br>SP TECH RESOURCES I   |  |  |  | 1 ' 1   | vers name, address, a<br>CH RESOURCES I                                   |                            |   |                                |   |  |
| 525 ROUND ROCK WEST DR #A185<br>ROUND ROCK, TX 78681  |  |  |  |   | 525 ROUND ROCK WEST DR #A185<br>ROUND ROCK, TX 78681                      |                            |   |                                |   |  |
| d. Control number   |  |  |  |   | d. Control number   |                            |   |                                |   |  |
| e. Employee's name, address, and ZIP code FLEMING DASARI  |  |  |  |   | e. Employee's name, address, and ZIP code FLEMING DASARI                  |                            |   |                                |   |  |
| 1901 KNIGHTS BRIDGE RD  |  |  |  |   | 1901 KNIGHTS BRIDGE RD  |                            |   |                                |   |  |
| FARMERS BRANCH, T   | X 75234  |  |  | FARM  | ERS BRANCH, TX  | 75234                      |   |                                |   |  |
| 7. Social security tips   | ocial security tips 8. Allocated tips  |  | 9. Verification Code                       | 7. Social security tips   |   | 8. Allocated tips          |   | 9. Verification Code           |   |  |
| 10. Dependent care benefits   | ependent care benefits 11. Nonqualified plans                                      |  | 12a. Code See inst. for Box 12             | 10. Deper   | 10. Dependent care benefits 1   |                            | 11. Nonqualified plans                      |                                | 12a. Code See inst. for Box 12          |  |
| 13. Statutory employee 14. Other  |  |  | 12b. Code                                  | 13. Statutory employee  |   | 14. Other                  |   | 12b                            | 12b. Code                               |  |
| Retirement plan   |  |  | 12c. Code                                  | Retirement plan   |   |                            |   | 12c                            | 12c. Code                               |  |
| Third-party sick pay  |  |  | 12d. Code                                  | Third-party sick pay  |   |                            |   |                                | 12d. Code                               |  |
| 15. State Employer's state ID   | ) number   | 16. State wages, tip   | s, 17.State income tax                     | 15. State   | Employer's state II   | ) number                   | 16. State wages, tip                        | os,                            | 17.State income tax                     |  |
| 18. Local wages, tips, etc.   | 19. Local income   | tax 20. Locailty n   | ame  | 18. Local   | wages, tips, etc.   | 19. Local income           | e tax 20. Locailty n                        | ame                            |   |  |