b Employer's Identification number 46-1092088		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		\$	111990.08	17981.16
SV TECHNOLOGY SERVICES		12b	3 Social security wages	4 Social security tax withheld
SV IECHNOLOGI SERVICES		\$	111990.08	
		12c	5 Medicare wages and tips	6 Medicare tax withheld
15517 BRODICK DRIVE		\$	111990.08	1623.86
		12d	7 Social security tips	8 Allocated tips
AUSTIN TX 78717		\$		
e Employee's first name and initial Last name			9	10 Dependent care benefits
7661893		This information is being furnished to the Internal Revenue Service		
			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
SRAVANTHI VONGA		Copy B To Be Filed with		employee plan sick pay
23 MCLENNAN OAK				
SAN ANTONIO TX 78240		Employee's FEDERAL	14 Other	
		Tax Return		
			-	
		a Employee's soc. sec. no	-	
f Employee's address and ZIP code		137-99-0993		
	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 Treasur	ry-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed	With Employee's FEDERAL Tax Return

<u>b Employer's Identification number</u> c Employer's name address and ZIP code	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 46-1092088	s	111990.08	17981.16
SV TECHNOLOGY SERVICES	12b	3 Social security wages	4 Social security tax withheld
5V TECHNOLOGI SERVICES	ls	111990.08	6943.38
	12c	5 Medicare wages and tips	6 Medicare tax withheld
15517 BRODICK DRIVE	\$	111990.08	1623.86
	12d	7 Social security tips	8 Allocated tips
AUSTIN TX 78717	\$		
e Employee's first name and initial Last name	_	9	10 Dependent care benefits
7661893			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
SRAVANTHI VONGA			employee plan sick pay
23 MCLENNAN OAK	Local Tax Departments	14 Other	
		14 Other	
SAN ANTONIO TX 78240	a Employee's soc. sec. no		
f Employee's address and ZIP code	137-99-0993		
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 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

REV 01/09/21 OSP

b Employer's Identification number	12a See instructions for Box 12		2 Federal income tax withheld	
c Employer's name, address, and ZIP code 46-1092088	\$	111990.08	17981.16	
SV TECHNOLOGY SERVICES	12b	3 Social security wages	4 Social security tax withheld	
	ls	111990.08	6943.38	
1FE17 DOODTOR DITTE	12c	5 Medicare wages and tips	6 Medicare tax withheld	
15517 BRODICK DRIVE	\$	111990.08	1623.86	
	12d	7 Social security tips	8 Allocated tips	
AUSTIN TX 78717	\$			
e Employee's first name and initial Last name		9	10 Dependent care benefits	
7661893				
SRAVANTHI VONGA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay	
	Local Tax Departments			
23 MCLENNAN OAK	Local Tax Departments	14 Other		
SAN ANTONIO TX 78240				
	a Employee's soc. sec. no			
f Employee's address and ZIP code	137-99-0993			
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 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments				

b Employer's Identification number 46-1092088		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		\$	111990.08	17981.16
SV TECHNOLOGY SERVICES		12b	3 Social security wages	4 Social security tax withheld
2 IFCUINOTOGI DEVITCED		\$	111990.08	6943.38
15517 BRODICK DRIVE		12c	5 Medicare wages and tips	6 Medicare tax withheld
		\$	111990.08	1623.86
		12d	7 Social security tips	8 Allocated tips
AUSTIN TX 78717		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
7661893		Internal Revenue Service. If you are required to file a tax return, a negligence		
SRAVANTHI VONGA			11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
23 MCLENNAN OAK		Copy C for Employee's	14 Other	
SAN ANTONIO TX 78240		Records (see notice to Employee on back.) a Employee's soc. sec. no		
f Employee's address and ZIP code		137-99-0993		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 1	7 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

Copy C For Employee's Records