

|  |                           |   |                     |                                 |  |   |
|--|---------------------------|---|---------------------|---------------------------------|--|---|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code     |                           | 26-3644382  |                     | 12a See instructions for Box 12 | 1 Wages, tips, other compensation                          | 2 Federal income tax withheld                         |
| M9 CONSULTING INC<br><br>507, DENALI PASS DR<br>SUITE # 603<br>CEDAR PARK TX 78613 |                           | L \$ 2240.00  |                     | \$ 102118.40                    | 16972.37   |   |
|  |                           | 12b \$  |                     | 3 Social security wages         | 4 Social security tax withheld                             |   |
|  |                           | \$ 18892.80   |                     | 1171.35                         |  |   |
|  |                           | 12c \$  |                     | 5 Medicare wages and tips       | 6 Medicare tax withheld                                    |   |
| e Employee's first name and initial<br>Last name<br>1318796                        |                           | 12d \$  |                     | 7 Social security tips          | 8 Allocated tips   |   |
|  |                           | 9   |                     | 10 Dependent care benefits      |  |   |
|  |                           | This information is being furnished to the Internal Revenue Service |                     | 11 Nonqualified plans           | 13 Statutory employee Retirement plan Third-party sick pay |   |
|  |                           | Copy B To Be Filed with Employee's FEDERAL Tax Return               |                     | 14 Other                        |  |   |
| f Employee's address and ZIP code  |                           | a Employee's soc. sec. no<br>683-74-2912                            |                     |                                 |  |   |
| 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<br>c Employer's name, address, and ZIP code     |                           | 26-3644382  |                     | 12a See instructions for Box 12 | 1 Wages, tips, other compensation                          | 2 Federal income tax withheld  |
| M9 CONSULTING INC<br><br>507, DENALI PASS DR<br>SUITE # 603<br>CEDAR PARK TX 78613 |                           | L \$ 2240.00  |                     | \$ 102118.40                    | 16972.37   |  |
|  |                           | 12b \$  |                     | 3 Social security wages         | 4 Social security tax withheld                             |  |
|  |                           | \$ 18892.80   |                     | 1171.35                         |  |  |
|  |                           | 12c \$  |                     | 5 Medicare wages and tips       | 6 Medicare tax withheld                                    |  |
| e Employee's first name and initial<br>Last name<br>1318796                        |                           | 12d \$  |                     | 7 Social security tips          | 8 Allocated tips   |  |
|  |                           | 9   |                     | 10 Dependent care benefits      |  |  |
|  |                           | Copy 2 for State, City, or Local Tax Departments    |                     | 11 Nonqualified plans           | 13 Statutory employee Retirement plan Third-party sick pay |  |
|  |                           | a Employee's soc. sec. no<br>683-74-2912            |                     | 14 Other                        |  |  |
| 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 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments |

REV 12/29/20 OSP

|  |                           |   |                     |                                 |  |  |
|--|---------------------------|---|---------------------|---------------------------------|--|--|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code     |                           | 26-3644382  |                     | 12a See instructions for Box 12 | 1 Wages, tips, other compensation                          | 2 Federal income tax withheld  |
| M9 CONSULTING INC<br><br>507, DENALI PASS DR<br>SUITE # 603<br>CEDAR PARK TX 78613 |                           | L \$ 2240.00  |                     | \$ 102118.40                    | 16972.37   |  |
|  |                           | 12b \$  |                     | 3 Social security wages         | 4 Social security tax withheld                             |  |
|  |                           | \$ 18892.80   |                     | 1171.35                         |  |  |
|  |                           | 12c \$  |                     | 5 Medicare wages and tips       | 6 Medicare tax withheld                                    |  |
| e Employee's first name and initial<br>Last name<br>1318796                        |                           | 12d \$  |                     | 7 Social security tips          | 8 Allocated tips   |  |
|  |                           | 9   |                     | 10 Dependent care benefits      |  |  |
|  |                           | Copy 2 for State, City, or Local Tax Departments    |                     | 11 Nonqualified plans           | 13 Statutory employee Retirement plan Third-party sick pay |  |
|  |                           | a Employee's soc. sec. no<br>683-74-2912            |                     | 14 Other                        |  |  |
| 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 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments |

|  |                           |  |                     |                                 |  |                               |
|--|---------------------------|--|---------------------|---------------------------------|--|-------------------------------|
| b Employer's Identification number<br>c Employer's name, address, and ZIP code     |                           | 26-3644382   |                     | 12a See instructions for Box 12 | 1 Wages, tips, other compensation                          | 2 Federal income tax withheld |
| M9 CONSULTING INC<br><br>507, DENALI PASS DR<br>SUITE # 603<br>CEDAR PARK TX 78613 |                           | L \$ 2240.00   |                     | \$ 102118.40                    | 16972.37   |                               |
|  |                           | 12b \$   |                     | 3 Social security wages         | 4 Social security tax withheld                             |                               |
|  |                           | \$ 18892.80  |                     | 1171.35                         |  |                               |
|  |                           | 12c \$   |                     | 5 Medicare wages and tips       | 6 Medicare tax withheld                                    |                               |
| e Employee's first name and initial<br>Last name<br>1318796                        |                           | 12d \$   |                     | 7 Social security tips          | 8 Allocated tips   |                               |
|  |                           | 9  |                     | 10 Dependent care benefits      |  |                               |
|  |                           | This information is being furnished to the Internal Revenue Service. 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. |                     | 11 Nonqualified plans           | 13 Statutory employee Retirement plan Third-party sick pay |                               |
|  |                           | Copy C for Employee's Records (see notice to Employee on back.)  |                     | 14 Other                        |  |                               |
| f Employee's address and ZIP code  |                           | a Employee's soc. sec. no<br>683-74-2912   |                     |                                 |  |                               |
| 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 C For Employee's Records |