h Francisco de Identification number	12a Can instructions for Day 12	4 10/ () ()	
b Employer's Identification number 26-3644382 cmployer's name, address, and ZIP code		1 Wages, tips, other compensation 102118.40	16972.37
	L \$ 2240.00	3 Social security wages	4 Social security tax withheld
M9 CONSULTING INC		18892.80	1171.35
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR	ls.	18892.80	273.95
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
1318796	Internal Revenue Service		
CHAITANYA ALLADA		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
2723 WEST ROYAL LANE	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other	
APT 1108	Tax Return		
IRVING TX 75063	a Employee's soc. sec. no	1	
	683-74-2912	1	
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
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Retur
b Employer's Identification number 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code	L \$ 2240.00	102118.40	16972.37
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
	 \$	18892.80	1171.35
507, DENALI PASS DR	12c	5 Medicare wages and tips	6 Medicare tax withheld
SUITE # 603	\$	18892.80	273.95
CEDAR PARK TX 78613	12d	7 Social security tips	8 Allocated tips
	I\$	0	10 Dependent care benefits
		9	To Dependent care benefits
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CHAITANYA ALLADA	Copy 2 for State, City, or	Tritoriquamou piuris	13 Statutory Retirement Third-party employee plan sick pay
2723 WEST ROYAL LANE	Local Tax Departments		
		14 Other	
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f Employee's address and ZIP code	683-74-2912	1	
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		L	
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 Department
REV 12/29/20 OSP			
REV 12/29/20 OSP b Employer's Identification number 2.0. 2.0.4.4.2.0.0	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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b Employer's Identification number c Employer's name, address, and ZIP code	12a See instructions for Box 12 L \$ 2240.00	1 Wages, tips, other compensation 102118.40 3 Social security wages	2 Federal income tax withheld 16972.37
	L s 2240.00	102118.40 3 Social security wages	16972.37 4 Social security tax withheld
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b Employer's Identification number c Employer's name, address, and ZIP code M9 CONSULTING INC 507, DENALI PASS DR	L \$ 2240.00	102118.40 3 Social security wages 18892.80	16972.37 4 Social security tax withheld 1171.35
b Employer's Identification number c Employer's name, address, and ZIP code M9 CONSULTING INC 507, DENALI PASS DR SUITE # 603	L \$ 2240.00	102118.40 3 Social security wages 18892.80 5 Medicare wages and tips	16972.37 4 Social security tax withheld 1171.35
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