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	\$	77843.40	10913.33
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
MJ CONSULTING THE	ls	15140.40	938.70
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR	\$	15140.40	219.54
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	IS		
e Employee's first name and initial Last name	I V	9	10 Dependent care benefits
1318796	This information is being furnished to the Internal Revenue Service	-	
		11 Nongualified plans	13 Statutory Retirement Third-party
SANTHOSH KOMPELLI			13 Statutory Retirement Third-party plan sick pay
1212 WOODBRIDGE CROSSING DR	Copy B To Be Filed with		
	Employee's FEDERAL	14 Other	
	Tax Return		
CHESTERFIELD MO 63005			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	345-21-1095		
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
MN 3552598 3639.00 193.34			
\overline{MO} 21849480 74204.40 3296.00		+	
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 Return
2020			
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	\$	77843.40	10913.33
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
	ls	15140.40	938.70

	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR	\$	15140.40	219.54
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
SANTHOSH KOMPELLI	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
1212 WOODBRIDGE CROSSING DR	Local Tax Departments	14 Other	
		14 Other	
CHESTERFIELD MO 63005	a Employee's soc. sec. no		
f Employee's address and ZIP code	345-21-1095		
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
MN 3552598 3639.00 193.34			
MO 21849480 74204.40 3296.00	1	Γ	
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 STA	TE, CITY, or LOCAL Tax Departments

REV 12/29/20 OSP

b Employer's Identification number 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 20-3044382	\$	77843.40	10913.33
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My consoliting the	ls	15140.40	938.70
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR	IS	15140.40	219.54
SUITE # 603	12d	7 Social security tips	8 Allocated tips
CEDAR PARK TX 78613	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1318796			
SANTHOSH KOMPELLI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
1212 WOODBRIDGE CROSSING DR	Local Tax Departments		
		14 Other	
CHESTERFIELD MO 63005			
	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	345-21-1095		
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
MN 3552598 3639.00 193.34]	L	
MO [21849480 7 74204.40 7 3296.00			
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

b Employer's Identification number 26-3644382	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	77843.40	10913.33
M9 CONSULTING INC	12b	3 Social security wages	4 Social security tax withheld
My consoliting inc	\$	15140.40	938.70
	12c	5 Medicare wages and tips	6 Medicare tax withheld
507, DENALI PASS DR	\$	15140.40	219.54
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. If you are required to file a tax return, a negligence		
SANTHOSH KOMPELLI	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 Retirement Third-party plan sick pay
1212 WOODBRIDGE CROSSING DR			
CHESTERFIELD MO 63005	Records (see notice to Employee on back.)	14 Other	
CHESIERFIELD MO 03005	a Employee's soc. sec. no		
f Employee's address and ZIP code	345-21-1095		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax MN 3552598 3639.00 193.34	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
$\begin{bmatrix} MN & [3552596] \\ MO & [21849480] \\ \end{bmatrix} = \begin{bmatrix} -1 & -74204.40 \\ -74204.40 \\ \end{bmatrix} = \begin{bmatrix} -193.54 \\ -3296.00 \\ -3296.00 \\ \end{bmatrix}$			
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	1	Copy C For Employee's Records