

<b>b</b> Employer's identification number <b>c</b> Employer's name, address, and ZIP code		26-3644382		<b>12a</b> See instructions for Box 12	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	
M9 CONSULTING INC  507, DENALI PASS DR SUITE # 603 CEDAR PARK TX 78613		1318796		\$	77843.40	10913.33	
				<b>12b</b>	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
				\$	15140.40	938.70	
				<b>12c</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
SANTHOSH KOMPELLI 1212 WOODBRIDGE CROSSING DR  CHESTERFIELD MO 63005		1318796		\$	15140.40	219.54	
				<b>12d</b>	<b>7</b> Social security tips	<b>8</b> Allocated tips	
<b>f</b> Employee's address and ZIP code				This information is being furnished to the Internal Revenue Service	<b>9</b>	<b>10</b> Dependent care benefits	
					<b>11</b> Nonqualified plans	<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
				<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>	<b>14</b> Other		
					<b>a</b> Employee's soc. sec. no. 345-21-1095		
<b>15</b> State	<b>Employer's state I.D. No.</b>	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
MN	3552598	3639.00	193.34				
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 With Employee's FEDERAL Tax Return

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				<b>12d</b>	<b>7</b> Social security tips	<b>8</b> Allocated tips	
<b>f</b> Employee's address and ZIP code				<b>Copy 2 for State, City, or Local Tax Departments</b>	<b>9</b>	<b>10</b> Dependent care benefits	
					<b>11</b> Nonqualified plans	<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
				<b>a</b> Employee's soc. sec. no. 345-21-1095	<b>14</b> Other		
					<b>18</b> Local wages, tips, etc.		
<b>15</b> State	<b>Employer's state I.D. No.</b>	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>19</b> Local income tax	<b>20</b> 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 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 12/29/20 OSP

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				<b>12d</b>	<b>7</b> Social security tips	<b>8</b> Allocated tips	
<b>f</b> Employee's address and ZIP code				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.	<b>9</b>	<b>10</b> Dependent care benefits	
					<b>11</b> Nonqualified plans	<b>13</b> Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
				<b>Copy C for Employee's Records</b> (see notice to Employee on back.)	<b>14</b> Other		
					<b>a</b> Employee's soc. sec. no. 345-21-1095		
<b>15</b> State	<b>Employer's state I.D. No.</b>	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
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