	10- Cas instructions for Day 40	1	
b Employer's Identification number 77-0533993	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code	ls	76553.76	10849.84
URPAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
URPAN IECHNOLOGIES INC		76553.76	4746.33
	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
39355 CALIFORNIA ST, #303	120		
Syssy california SI, #305	\$	76553.76	1110.03
	12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538	Is		
e Employee's first name and initial Last name	l a	9	10 Dependent care benefits
	This information is being furnished to the	<u>y</u>	To Dependent oure benefits
1663435	Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
NAVYASREE RAVELLA	Copy B To Be Filed with		employee plan sick pay
2600 S ROCK CREEK PKWY			
	Employee's FEDERAL	14 Other	
APT# 10-102	Tax Return		
SUPERIOR CO 80027			
	a Employee's soc. sec. no		
	332-81-1198		
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
CO 30849975 76553.76 3361.00		To Local Income tax	
	'	+	
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

b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	76553.76	10849.84
URPAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
	\$	76553.76	4746.33
39355 CALIFORNIA ST, #303	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$	76553.76	1110.03
	12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1663435			
NAVYASREE RAVELLA	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
	Local Tax Departments		
2600 S ROCK CREEK PKWY		14 Other	
APT# 10-102			
SUPERIOR CO 80027			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	332-81-1198	40	20 Locality name
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax CO 30849975 76553.76 3361.00	18 Local wages, tips, etc.	19 Local income tax	
		+	
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 01/07/21 OSP

b Employer's Identification number 77-0533993	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 77 - 0533993	s	76553.76	10849.84
URPAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
ORFAN TECHNOLOGIES INC	ls	76553.76	4746.33
	12c	5 Medicare wages and tips	6 Medicare tax withheld
39355 CALIFORNIA ST, #303	\$	76553.76	1110.03
	12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
1663435			
NAVYASREE RAVELLA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
2600 S ROCK CREEK PKWY	Local Tax Departments	14 Other	
APT# 10-102			
SUPERIOR CO 80027			
	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	332-81-1198		
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
CO 30849975 76553.76 3361.00		+	
Form W 2 Ware and Tay Statement Department of the Treasury Internal Devenue Convice	OND # 4545 0000	Come 2 To Do Filed With Employeds CT	
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	ATE, CITT, OF LOCAL TAX Departments

b Employer's Identification number 77-0533993	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	76553.76	10849.84
URPAN TECHNOLOGIES INC	12b	3 Social security wages	4 Social security tax withheld
OKFAN TECHNOLOGIED INC	\$	76553.76	
	12c	5 Medicare wages and tips	6 Medicare tax withheld
39355 CALIFORNIA ST, #303	\$	76553.76	1110100
	12d	7 Social security tips	8 Allocated tips
FREMONT CA 94538	\$		
e Employee's first name and initial Last name	This information is being furnished to the		10 Dependent care benefits
1663435	Internal Revenue Service. If you are required to file a tax return, a negligence		
NAVYASREE RAVELLA	penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
2600 S ROCK CREEK PKWY	Copy C for Employee's	14 Other	
APT# 10-102	Records (see notice to		
SUPERIOR CO 80027	Employee on back.)	_	
	a Employee's soc. sec. no	-	
f Employee's address and ZIP code	332-81-1198		
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
CO 30849975 76553.76 3361.		+	
		1	

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service OMB # 1545-0008