

b Employer's Identification number c Employer's name, address, and ZIP code		46-5383053		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
NET ORBIT INC				\$	84774.68	14199.39
1232 E BROADWAY RD # 110				12b	3 Social security wages	4 Social security tax withheld
TEMPE AZ 85282				\$	18130.68	1124.10
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
		12761672		\$	18130.68	262.89
SWAMY KANKALA		501 MURPHY RANCH RD # 445		12d	7 Social security tips	8 Allocated tips
MILPITAS CA 95035				\$		
f Employee's address and ZIP code				9		10 Dependent care benefits
15 State		Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	11 Nonqualified plans	
CA	067-6480-7		84774.68	5409.84	13 Statutory employee Retirement plan Third-party sick pay	
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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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

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Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy C For Employee's Records