

<b>a</b> Employee's soc. sec. no. XXX-XX-0716		<b>b</b> Employer identification number 45-3939449		<b>Copy B To Be Filed With Employee's Federal Tax Return</b>		OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code BENEFITS SCIENCE LLC 8665 NEW TRAILS DR STE 110  THE WOODLANDS TX 77381				1 Wages, tips, other compensation 76436.16		2 Federal income tax withheld 9878.00	
				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
<b>d</b> Control number 4				10 Dependent care benefits		11 Nonqualified plans	
				12b Code		12c Code	
				12a Code		12d Code	
<b>e</b> Employee's name, address and ZIP code AYUSHEE BANDI 10 HIGHPOINT CIR APT 506  QUINCY MA 02169				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other MAPFML 288.98	
				15 State MA		16 State wages, tips, etc. 76436.16	
Employer's state ID number WTH-10371973-004				19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement 2020**  
This information is being furnished to the Internal Revenue Service.

DAA

Department of the Treasury - Internal Revenue Service

<b>a</b> Employee's soc. sec. no. XXX-XX-0716		<b>b</b> Employer identification number 45-3939449		<b>Copy 2 To Be Filed With Employee's State, City, or Local Tax Return</b>		OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code BENEFITS SCIENCE LLC 8665 NEW TRAILS DR STE 110  THE WOODLANDS TX 77381				1 Wages, tips, other compensation 76436.16		2 Federal income tax withheld 9878.00	
				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
<b>d</b> Control number 4				10 Dependent care benefits		11 Nonqualified plans	
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<b>e</b> Employee's name, address and ZIP code AYUSHEE BANDI 10 HIGHPOINT CIR APT 506  QUINCY MA 02169				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other MAPFML 288.98	
				15 State MA		16 State wages, tips, etc. 76436.16	
Employer's state ID number WTH-10371973-004				19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement 2020**

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Department of the Treasury - Internal Revenue Service



<b>a</b> Employee's soc. sec. no. XXX-XX-0716		<b>b</b> Employer identification number 45-3939449		<b>Copy C For Employee's Records.</b> (See Notice on Back of Copy "B")		OMB No. 1545-0008	
				This information is being furnished to the IRS. 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>c</b> Employer's name, address, and ZIP code BENEFITS SCIENCE LLC 8665 NEW TRAILS DR STE 110  THE WOODLANDS TX 77381				1 Wages, tips, other compensation 76436.16		2 Federal income tax withheld 9878.00	
				3 Social security wages		4 Social security tax withheld	
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<b>d</b> Control number 4				10 Dependent care benefits		11 Nonqualified plans	
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<b>e</b> Employee's name, address and ZIP code AYUSHEE BANDI 10 HIGHPOINT CIR APT 506  QUINCY MA 02169				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other MAPFML 288.98	
				15 State MA		16 State wages, tips, etc. 76436.16	
Employer's state ID number WTH-10371973-004				19 Local income tax		20 Locality name	

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