

b Employer's Identification number c Employer's name, address, and ZIP code		81-0781799 SFORCE INFOTECH INC 9741 PRESTON RD. STE 107 FRISCO TX 75034		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	90996.00	14435.46
				12b	3 Social security wages	4 Social security tax withheld
				\$	90996.00	5641.75
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	90996.00	1319.44
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		7650330		This information is being furnished to the Internal Revenue Service		9
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
				a Employee's soc. sec. no. 053-87-5976		11 Nonqualified plans
						13 Statutory employee Retirement plan Third-party sick pay
						14 Other PA SUI EE 44.60
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
MN	6502020	16666.00	1040.89			
PA	20134571	74330.00	2281.90	74330.00	743.30	22

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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e Employee's first name and initial Last name		7650330		Copy 2 for State, City, or Local Tax Departments		9
				a Employee's soc. sec. no. 053-87-5976		10 Dependent care benefits
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PA	20134571	74330.00	2281.90	74330.00	743.30	22

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 01/16/21 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		81-0781799 SFORCE INFOTECH INC 9741 PRESTON RD. STE 107 FRISCO TX 75034		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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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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				\$	90996.00	1319.44
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		7650330		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.		9
				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits
				a Employee's soc. sec. no. 053-87-5976		11 Nonqualified plans
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