Copy B - For Employee's Federal Income Tax Return 2020									
a Employee's social	1 Wage	es, tips, other o	comp.	2 Federa	I income tax withhe	ld			
security number		76123.67			11701.21				
725-61-8429	3 Socia	I security wag	es	4 Social	1				
b Employer ID number	$\dashv$		42.01			4863.40			
94-3393574	5 Medio	care wages an	d tips	6 Medica	6 Medicare tax withheld				
		78442.01			1137.40				
c Employer's name, address	s, and ZIP co	de		·					
4LEAF Inc									
2126 Rheem D	r								
Pleasanton,	CA 945	88							
d Control number									
36602 847									
e Employee's name, addres	s and 7IP or	nde							
Sivaji Raja									
3562 Rocking									
_		CL							
DUBLIN, CA 9	4508								
7 Social security tips 8		Allocated tips		9 Adv	9 Advance EIC payment				
10 Dependent care benefits	Nonqualified	plans							
<sup>12a</sup> D	231	8.34	13 Statutory em	ployee R	etirement plan 3rd	d-party sick pay			
12b				X					
DD D	33.81	14 Other CASDI-E 761.24							
12c			1						
404			l						
12d									
N/A		l N	I/A		N/A				
1	1 11/11		,		,				
15 State Employer's State II	16 State wag			17 State income tax					
18 Local wages, tips, etc.		19 Local income tax		20 Lo	20 Locality name				
N/A		N/A			N/A				
,					1				

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

Dept. of the Treasury - IRS

Copy 2 - For Employee'	s Stat	e Income	Tax Return	[CA]	202	O ON	MB No. 545-0008		
a Employee's social security number	1 Wages, tips, other comp. 76123.67			2 Federal income tax withheld 11701.21					
725-61-8429 b Employer ID number	3 Socia	3 Social security wages 7 8 4 4 2 . 0 1 5 Medicare wages and tips 7 8 4 4 2 . 0 1			4 Social security tax withheld 4863.40 6 Medicare tax withheld 1137.40				
94-3393574	5 Medi								
cEmployer's name, address, and 4LEAF Inc 2126 Rheem Dr Pleasanton, CA									
d Control number 36602 847									
e Employee's name, address, ar Sivaji Raja Mu 3562 Rocking H DUBLIN, CA 945	ggar orse	i							
7 Social security tips		8 Allocated tips			9 Advance EIC payment				
10 Dependent care benefits		11 Nonqualified plans							
<sup>12a</sup> D	2318.34		13 Statutory employee Retirement plan 3rd-party sick p						
12c DD 12d	478	33.81	14 Other CASI	DI-E 761	24				
CA 469-4704-0			76123.67		4208.49				
15 State Employer's State ID# 18 Local wages, tips, etc.		16 State wa	ges, tips, etc.	17 State income tax 20 Locality name					
N/A		N/A		N/A					

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C -	FOR EMP	LOYI	EE'S RE	CORDS ON	LY	202	0	OMB No. 1545-0008		
a Employee's s security num	ber	1 Wage	es, tips, other o	comp. L23.67	2 Federal income tax withheld 11701.21					
725-61 b Employer ID					4 Social security tax withheld 4863.40					
94-3393574 5 Medic			icare wages and tips 6 78442.01			6 Medicare tax withheld 1137.40				
4LEAF 2126 R	ame, address, an Inc heem Dr nton, CA									
d Control numb										
Sivaji 3562 R	name, address, ar Raja Mu ocking H , CA 945	ggar orse	i							
7 Social security tips		8 /	8 Allocated tips			9 Advance EIC payment				
10 Dependent	care benefits	11	Nonqualified	plans						
<sup>12a</sup> D		2318.34		13 Statutory employee Retirement plan 3rd-party sick p				party sick pay		
12b DD		4783.81		14 Other CASDI-E 761.24						
12c				1						
12d										
CA 46	9-4704-0	-4704-0			4208.49					
15 State Employer's State ID#			`	ges, tips, etc.		17 State income tax				
18 Local wages, tips, etc.			19 Local income tax			20 Locality name				

N/A

Form W-2 Wage and Tax Statement

N/A

Dept. of the Treasury - IRS

N/A