

<b>a</b> Employee's SSN 893-08-1509		<b>b</b> Employer identification number (EIN) 82-1813950			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code KARYO E-SYSYEMS KARYO E-SYSTEMS 21913 GULLANE WAY  ASHBURN VA 20148		<b>1</b> Wgs, tips, other compn 78029.46	<b>2</b> Fed inc tax withheld 11594.00	<b>3</b> Social security wages		
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code SITARAM PRASAD MEDASANI 23686 BLANCO TERR ASHBURN VA 20148		<b>13</b> Statutory employee <input type="checkbox"/>  Retirement plan <input type="checkbox"/>  Third-party sick pay <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
				<b>12c</b>		
				<b>12d</b>		
<b>15</b> State VA	Employer's state ID number 30-821813950F-001	<b>16</b> State wages, tips, etc 77049.68	<b>17</b> State income tax 3910.00	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

Department of the Treasury — IRS

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

Copy B To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

<b>a</b> Employee's SSN 893-08-1509		<b>b</b> Employer identification number (EIN) 82-1813950			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code KARYO E-SYSYEMS KARYO E-SYSTEMS 21913 GULLANE WAY  ASHBURN VA 20148		<b>1</b> Wgs, tips, other compn 78029.46	<b>2</b> Fed inc tax withheld 11594.00	<b>3</b> Social security wages		
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				<b>12c</b>		
				<b>12d</b>		
<b>15</b> State VA	Employer's state ID No. 30-821813950F-001	<b>16</b> State wages, tips, etc 77049.68	<b>17</b> State income tax 3910.00	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

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

<b>a</b> Employee's SSN 893-08-1509		<b>b</b> Employer identification number (EIN) 82-1813950			OMB No. 1545-0008		
<b>c</b> Employer's name, address, and ZIP code KARYO E-SYSYEMS KARYO E-SYSTEMS 21913 GULLANE WAY  ASHBURN VA 20148		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>1</b> Wgs, tips, other compn 78029.46	<b>2</b> Fed inc tax withheld 11594.00	<b>3</b> Social security wages			
		<b>4</b> SS tax withheld	<b>5</b> Medicare wages & tips	<b>6</b> Medicare tax withheld			
<b>d</b> Control No.		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>			
<b>e</b> Employee's name, address, and ZIP code SITARAM PRASAD MEDASANI 23686 BLANCO TERR ASHBURN VA 20148		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>			
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<b>15</b> State VA		Employer's state ID No. 30-821813950F-001	<b>16</b> State wages, tips, etc 77049.68	<b>17</b> State income tax 3910.00	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 12/09/20 QBDT

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

Copy C For EMPLOYEE'S RECORDS.  
(See Notice to Employee.)