

b Employer's identification number c Employer's name, address, and ZIP code		37-1852089		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
PETABYTZ TECHNOLOGIES INC.				\$	90707.77	14980.73
8 THE GREEN STE 8137				12b	3 Social security wages	4 Social security tax withheld
DOVER DE 19901				\$		
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
		9993433		\$		
SUBRAHMANYAM SEERAPU				12d	7 Social security tips	8 Allocated tips
303 SUMMERSET LN,				\$		
ATLANTA GA 30328				This information is being furnished to the Internal Revenue Service		
f Employee's address and ZIP code				Copy B To Be Filed with Employee's FEDERAL Tax Return		
				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				885-84-4412		
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
GA	3371512-NY	90707.77	4778.66			

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

b Employer's identification number c Employer's name, address, and ZIP code		37-1852089		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
PETABYTZ TECHNOLOGIES INC.				\$	90707.77	14980.73
8 THE GREEN STE 8137				12b	3 Social security wages	4 Social security tax withheld
DOVER DE 19901				\$		
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
		9993433		\$		
SUBRAHMANYAM SEERAPU				12d	7 Social security tips	8 Allocated tips
303 SUMMERSET LN,				\$		
ATLANTA GA 30328				This information is being furnished to the Internal Revenue Service		
f Employee's address and ZIP code				Copy 2 for State, City, or Local Tax Departments		
				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				885-84-4412		
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
GA	3371512-NY	90707.77	4778.66			

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 01/07/21 OSP

b Employer's identification number c Employer's name, address, and ZIP code		37-1852089		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
PETABYTZ TECHNOLOGIES INC.				\$	90707.77	14980.73
8 THE GREEN STE 8137				12b	3 Social security wages	4 Social security tax withheld
DOVER DE 19901				\$		
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
		9993433		\$		
SUBRAHMANYAM SEERAPU				12d	7 Social security tips	8 Allocated tips
303 SUMMERSET LN,				\$		
ATLANTA GA 30328				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.		
f Employee's address and ZIP code				Copy C for Employee's Records (see notice to Employee on back.)		
				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				885-84-4412		
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
GA	3371512-NY	90707.77	4778.66			

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

b Employer's identification number c Employer's name, address, and ZIP code		37-1852089		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
PETABYTZ TECHNOLOGIES INC.				\$	90707.77	14980.73
8 THE GREEN STE 8137				12b	3 Social security wages	4 Social security tax withheld
DOVER DE 19901				\$		
e Employee's first name and initial		Last name		12c	5 Medicare wages and tips	6 Medicare tax withheld
		9993433		\$		
SUBRAHMANYAM SEERAPU				12d	7 Social security tips	8 Allocated tips
303 SUMMERSET LN,				\$		
ATLANTA GA 30328				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.		
f Employee's address and ZIP code				Copy C for Employee's Records (see notice to Employee on back.)		
				a Employee's soc. sec. no	13 Statutory employee Retirement plan Third-party sick pay	
				885-84-4412		
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
GA	3371512-NY	90707.77	4778.66			

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