



**W-2** Wage and Tax Statement **2020**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000051 Dept. K7/OMQ Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
**STIER SOLUTIONS INC**  
**1595 PAOLI PIKE STE 203**  
**WEST CHESTER, PA 19380**

Batch #92655

**e/f** Employee's name, address, and ZIP code  
**SAI TARUN BATTULA**  
**520 E WEDDELL DR**  
**APT 108**  
**SUNNYVALE, CA 94089**

**b** Employer's FED ID number **83-2050081** **a** Employee's SSA number **XXX-XX-8685**

|  |  |
|--|--|
| <b>1</b> Wages, tips, other comp. <b>78649.48</b>          | <b>2</b> Federal income tax withheld <b>12432.44</b> |
| <b>3</b> Social security wages <b>19853.68</b>             | <b>4</b> Social security tax withheld <b>1230.93</b> |
| <b>5</b> Medicare wages and tips <b>19853.68</b>           | <b>6</b> Medicare tax withheld <b>287.88</b>         |
| <b>7</b> Social security tips                              | <b>8</b> Allocated tips                              |
| <b>9</b>   | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans                               | <b>12a</b> See instructions for box 12               |
| <b>14</b> Other<br>198.54 SDI                              | <b>12b</b>   |
|  | <b>12c</b>   |
|  | <b>12d</b>   |
|  | <b>13</b> Stat emp Ret. plan 3rd party sick pay      |
| <b>15</b> State <b>TOTAL STATE</b> Employer's state ID no. | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax <b>4831.57</b>                  | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax                                 | <b>20</b> Locality name                              |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | CA. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay          | 78,649.48                                       | 78,649.48                             | 78,649.48                      | 19,853.68                                    |
| Reported W-2 Wages | 78,649.48                                       | 19,853.68                             | 19,853.68                      | 19,853.68                                    |

2. Employee Name and Address.

**SAI TARUN BATTULA**  
**520 E WEDDELL DR**  
**APT 108**  
**SUNNYVALE, CA 94089**

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| <b>d</b> Control number 000051 Dept. K7/OMQ Corp. Employer use only <b>A</b>  |  |
| <b>c</b> Employer's name, address, and ZIP code<br><b>STIER SOLUTIONS INC</b><br><b>1595 PAOLI PIKE STE 203</b><br><b>WEST CHESTER, PA 19380</b>        |  |
| <b>b</b> Employer's FED ID number <b>83-2050081</b>   | <b>a</b> Employee's SSA number <b>XXX-XX-8685</b>    |
| <b>7</b> Social security tips   | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans  | <b>12a</b> See instructions for box 12               |
| <b>14</b> Other<br>198.54 SDI   | <b>12b</b>   |
|   | <b>12c</b>   |
|   | <b>12d</b>   |
|   | <b>13</b> Stat emp Ret. plan 3rd party sick pay      |
| <b>e/f</b> Employee's name, address and ZIP code<br><b>SAI TARUN BATTULA</b><br><b>520 E WEDDELL DR</b><br><b>APT 108</b><br><b>SUNNYVALE, CA 94089</b> |  |
| <b>15</b> State <b>TOTAL STATE</b> Employer's state ID no.  | <b>16</b> State wages, tips, etc.                    |
| <b>17</b> State income tax <b>4831.57</b>   | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax  | <b>20</b> Locality name                              |

Federal Filing Copy  
**W-2** Wage and Tax Statement **2020**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>78649.48</b>   | <b>2</b> Federal income tax withheld <b>12432.44</b> |
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| <b>c</b> Employer's name, address, and ZIP code<br><b>STIER SOLUTIONS INC</b><br><b>1595 PAOLI PIKE STE 203</b><br><b>WEST CHESTER, PA 19380</b>        |  |
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| <b>7</b> Social security tips   | <b>8</b> Allocated tips                              |
| <b>9</b>  | <b>10</b> Dependent care benefits                    |
| <b>11</b> Nonqualified plans  | <b>12a</b>   |
| <b>14</b> Other<br>198.54 CA SDI  | <b>12b</b>   |
|   | <b>12c</b>   |
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|   | <b>13</b> Stat emp Ret. plan 3rd party sick pay      |
| <b>e/f</b> Employee's name, address and ZIP code<br><b>SAI TARUN BATTULA</b><br><b>520 E WEDDELL DR</b><br><b>APT 108</b><br><b>SUNNYVALE, CA 94089</b> |  |
| <b>15</b> State <b>CA</b> Employer's state ID no. <b>108-1487 9</b>   | <b>16</b> State wages, tips, etc. <b>19853.68</b>    |
| <b>17</b> State income tax <b>1434.52</b>   | <b>18</b> Local wages, tips, etc.                    |
| <b>19</b> Local income tax  | <b>20</b> Locality name                              |

CA. State Reference Copy  
**W-2** Wage and Tax Statement **2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|   |  |
|---|--|
| <b>1</b> Wages, tips, other comp. <b>78649.48</b>   | <b>2</b> Federal income tax withheld <b>12432.44</b> |
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| <b>d</b> Control number 000051 Dept. K7/OMQ Corp. Employer use only <b>A</b>  |  |
| <b>c</b> Employer's name, address, and ZIP code<br><b>STIER SOLUTIONS INC</b><br><b>1595 PAOLI PIKE STE 203</b><br><b>WEST CHESTER, PA 19380</b>        |  |
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| <b>e/f</b> Employee's name, address and ZIP code<br><b>SAI TARUN BATTULA</b><br><b>520 E WEDDELL DR</b><br><b>APT 108</b><br><b>SUNNYVALE, CA 94089</b> |  |
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CA. State Filing Copy  
**W-2** Wage and Tax Statement **2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008



|   |  |   |                        |
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| d Control number<br>000051  | Dept.<br>K7/OMQ                            | Corp.   | Employer use only<br>A |
| c Employer's name, address, and ZIP code<br><b>STIER SOLUTIONS INC<br/>1595 PAOLI PIKE STE 203<br/>WEST CHESTER, PA 19380</b><br><br>Batch #92655 |  |   |                        |
| e/f Employee's name, address, and ZIP code<br><b>SAI TARUN BATTULA<br/>520 E WEDDELL DR<br/>APT 108<br/>SUNNYVALE, CA 94089</b>                   |  |   |                        |
| b Employer's FED ID number<br>83-2050081  | a Employee's SSA number<br>XXX-XX-8685     |   |                        |
| 1 Wages, tips, other comp.<br>78649.48  | 2 Federal income tax withheld<br>12432.44  |   |                        |
| 3 Social security wages<br>19853.68   | 4 Social security tax withheld<br>1230.93  |   |                        |
| 5 Medicare wages and tips<br>19853.68   | 6 Medicare tax withheld<br>287.88          |   |                        |
| 7 Social security tips  | 8 Allocated tips                           |   |                        |
| 9   | 10 Dependent care benefits                 |   |                        |
| 11 Nonqualified plans   | 12a See instructions for box 12            |   |                        |
| 14 Other  | 12b  |   |                        |
|   | 12c  |   |                        |
|   | 12d  |   |                        |
|   | 13 Stat emp                                | Ret. plan   | 3rd party sick pay     |
| 15 State<br>WI  | Employer's state ID no.<br>036102952175902 | 16 State wages, tips, etc.<br>58795.80  |                        |
| 17 State income tax<br>3397.05  | 18 Local wages, tips, etc.                 |   |                        |
| 19 Local income tax   | 20 Locality name                           |   |                        |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    |   |
|--------------------|---|
|                    | WI. State Wages,<br>Tips, Etc.<br>Box 16 of W-2 |
| Gross Pay          | 58,795.80                                       |
| Reported W-2 Wages | 58,795.80                                       |

2. Employee Name and Address.

**SAI TARUN BATTULA  
520 E WEDDELL DR  
APT 108  
SUNNYVALE, CA 94089**

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| 14 Other   | 12b  |  |                        |
|  | 12c  |  |                        |
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|  | 13 Stat emp                                | Ret. plan                              | 3rd party sick pay     |
| e/f Employee's name, address and ZIP code<br><b>SAI TARUN BATTULA<br/>520 E WEDDELL DR<br/>APT 108<br/>SUNNYVALE, CA 94089</b> |  |  |                        |
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| 19 Local income tax  | 20 Locality name                           |  |                        |

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|   |  |   |  |
|---|--|---|--|
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