Copy B To Be Filed with Employee's 2020 FEDERAL Tax Return. OMB No. 1545-0008							Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008							
a Employee's SSN	1 Wag	es, tips, otl	ner comp.	2 Federa	l income tax w		a Emp	loyee's SSN	1 Wage		her comp.	2 Federa	l income tax withheld	
719-02-2475	• • •		01115.30		-	792.00	719	-02-2475	.		01115.30		16792.00	
	3 Soci	al security 1	wages 01115.30	4 Social	security tax wi 62	thneid 269.15			3 Socia	al security 1	wages 01115.30	4 Social	security tax withheld 6269.15	
b Employer ID no. (EIN)	5 Med	icare wage	s and tips	6 Medica	re tax withhele	d		oyer ID no. (EIN)	5 Media	care wage	s and tips	6 Medica	re tax withheld	
46-5498896 101115.30 1466.17					46-	46-5498896 101115.30				1466.17				
c Employer's name, ad EMAESTRO	dress, a ГЕСН	nd ZIP cod NOLOC	e SIES INC					loyer's name, ad AESTRO			He GIES INC			
141 NEW RD SUITE 208						141 NEW RD SUITE 208								
PARSIPPANY NJ 07054							PARSIPPANY					NJ	07054	
d Control number						d Control number								
e Employee's name, address, and ZIP code Suff.							e Employee's name, address, and ZIP code					Suff.		
ANUDEEP VATTIKUTI							ANUDEEP VATTIKUTI							
2431 NE WESSEX							2431 NE WESSEX					05 05101		
HILLSBORO				OR	97124		HI	LLSBORO				OR	97124	
7 Social security tips		8 Allocate	d tips	9			7 Socia	al security tips		8 Allocate	ed tips	9		
10 Dependent care bene	fits	11 Nongua	lified plans	12a C	ode See inst.	for box 12	10 Depe	endent care bene	efits	11 Nongua	alified plans	12a Co	de See inst. for box 12	
			iniou piùrio	0		0.000.12			51110	que	annoù piario			
13	14 Ot	her		12b C	ode		13		14 Oth	ner		12b Co	ode	
Statutory employee				12c C	odo		Statutory	employee				12c Co	do	
Retirement Plan				120 0	Jue		Retireme	nt Plan				120 00	Jue	
				12d C	ode							12d Co	ode	
Third-party sick pay			[ty sick pay			1		[
OR 1751705	-5		10111	5.30	76	574.00	OR	1751705	5-5		10111	5.30	7674.00	
15 State Employer's st	tate ID r	umber	16 State wages, tip	s, etc.	17 State inco	me tax	15 State	Employer's stat	te ID num	nber	16 State wages, tip	os, etc.	17 State income tax	
18 Local wages, tips, etc. 19 Local inco		come tax	tax 20 Locality		y name		18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
Form W-2 Wage and Ta This information is being furnis	x Stater shed to th	nent le Internal Re	venue Service.		Dept. of the T	reasury - IRS	Form W	/-2 Wage and Ta	ax Statem	ient			Dept. of the Treasury - IR	

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. Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). 2020 OMB No. 1545-0008 1 Wages, tips, other comp. 2 Federal income tax withheld a Employee's SSN 101115.30 16792.00 719-02-2475 4 Social security tax withheld 3 Social security wages 101115.30 6269.15 b Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 46-5498896 1466.17 101115.30 c Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC 141 NEW RD SUITE 208 PARSIPPANY 07054 NJ d Control number e Employee's name, address, and ZIP code Suff. ANUDEEP VATTIKUTI 2431 NE WESSEX HILLSBORO OR 97124 7 Social security tips 8 Allocated tips 9 11 Nonqualified plans 10 Dependent care benefits 12a Code See inst. for box 12 13 12b Code 14 Other Statutory employee 12c Code Retirement Plan 12d Code Third-party sick pay 7674.00 OR 1751705-5 101115.30 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, 2020										
City, or Local Inc			OMB No. 1545-0008							
a Employee's SSN	1 Wages, tips, ot	her comp.	2 Federal income tax withheld							
		01115.30	16792.00							
719-02-2475	3 Social security	wages	4 Social security tax withheld							
b Employer ID no. (EIN)		01115.30	6269.15							
	5 Medicare wage		6 Medica	re tax withheld						
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c Employer's name, address, and ZIP code EMAESTRO TECHNOLOGIES INC										
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HILLSBORO OR 97124										
7 Social security tips	8 Allocate	ed tips	9							
0 Dependent care bene	efits 11 Nonqua	alified plans	12a Code See inst. for box 12							
13	14 Other		12b Co	ode						
Statutory employee			12c Co	ode						
Retirement Plan										
Third-party sick pay 12d Code										
OR 1751705	5-5	10111	5.30	.30 7674.00						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax										
18 Local wages, tips, et	c. 19 Local ir		20 Locality name							
Form W-2 Wage and Ta	x Statement			Dept. of the Treasury - IRS						

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