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, oth	ner comp. 18600.00	2 Federa	l income tax wit 23	thheld 58.00		loyee's SSN	Ű		her comp. 18600.00		al income tax wi 23	ithheld 58.00
204-04-0845	3 Soci	al security	wages 18600.00	4 Social s	security tax with 11	nheld 53.20		-04-0845	3 Socia	al security	wages 18600.00		security tax wit	hheld 53.20
b Employer ID no. (EIN)	5 Med	icare wage:		6 Medica	re tax withheld		<b>b</b> Emplo	oyer ID no. (EIN)	5 Medie		es and tips		are tax withheld	
81-3222740			18600.00	-		69.70	-	3222740		Ĩ	18600.00			69.70
c Employer's name, ad CONNECTIX	COF	PORAT	e 'ION				CÓI	loyer's name, ac NNECTIX	COR	PORAT				
1333 CORPORATE DR						1333 CORPORATE DR								
SUITE 345 IRVING TX 75038					SUITE 345 IRVING T					TX	75038			
d Control number							d Cont	rol number						
e Employee's name, ad	ddress,	and ZIP cod	de			Suff.	e Empl	loyee's name, a	ddress, a	nd ZIP co	de			Suff.
CHANDANA GAMPA 721 WATTS CIR NASHVILLE TN 37209					CHANDANA GAMPA 721 WATTS CIR NASHVILLE					TN 37209				
7 Social security tips		8 Allocate	d tips	9			7 Socia	al security tips		8 Allocat	ed tips	9		
	<i>c.</i>			10 0		1 10			<i>c.</i>		1.6. 1. 1			1 10
10 Dependent care bene	etits	11 Nonqua	lified plans	12a Co	ode See inst. fo	or box 12	10 Depe	ndent care bene	etits	11 Nonqua	alified plans	12a C	ode See inst. fo	or box 12
13	14 0	ther		12b Co	ode		13		14 Oth	ner		12b C	ode	
Statutory employee				12c Co	ode		Statutory	employee				12c C	ode	
Retirement Plan							Retiremen	nt Plan						
Third-party sick pay				12d Co	ode		Third-part	ly sick pay				12d C	ode	
15 State Employer's s	tate ID r	number	<b>16</b> State wages, tij	os, etc.	17 State incon	ne tax	<b>15</b> State	Employer's stat	te ID num	nber	<b>16</b> State wages, ti	ps, etc.	17 State incon	ne tax
18 Local wages, tips, etc		<b>19</b> Local in		<b>20</b> Loca	ality name		<b>18</b> Loca	ll wages, tips, et	c. ·	<b>19</b> Local i	ncome tax	20 Localit	ty name	
Form W-2 Wage and Ta This information is being furn	ax Stater ished to the	ment ne Internal Re	venue Service.		Dept. of the Tre	easury - IRS	Form W	-2 Wage and Ta	ax Statem	nent			Dept. of the Tr	easury - IRS

This information is being fur penalty or other sanction m	nished to ti ay be impo	ne Internal Re sed on you if	evenue Service. If you a this income is taxable a	ire requ nd you	iired to fail to	file a tax return, a negligence report it.				
Copy C For EN (See Notice to I			<b>2020</b> OMB No. 1545-0008							
a Employee's SSN	1 Wag	jes, tips, ot	her comp.	2 Fe	2 Federal income tax withheld					
			18600.00		2358.00					
204-04-0845	3 Soc	al security	wages	4 Social security tax withheld						
b Employer ID no. (EIN)			18600.00	1153.20						
Employer ib no. (Em)	5 Med	icare wage	es and tips	6 Medicare tax withheld						
81-3222740			18600.00		269.70					
c Employer's name, a CONNECTI2 1333 CORE	COF ORAI	PORAT								
SUITE 345		_								
IRVING				Г	ĽΧ	75038				
d Control number										
e Employee's name, CHANDANA 721 WATTS NASHVILLE	GAME GAME	PA	ue	Г	N	Suff. 37209				
7 Social security tips		8 Allocate	ed tips	9						
10 Dependent care ber	nefits	11 Nonqua	alified plans	12a Code See inst. for box 12						
13	14 0	ther		12b Code						
Statutory employee				12c Code						
Retirement Plan				12	12C Code					
					12d Code					
Third-party sick pay										
45 Citta Frankruska stata ID sumbas 40 Citata una stata ata 47 Citata i										
15 State Employer's state ID number 16 State wages, tips   18 Local wages, tips, etc. 19 Local income tax 2						,				
18 Local wages, tips, e	19 Local ir	ncome tax	20 Lo	ocality	y name					
Form W-2 Wage and 1	ax State	nent		1		Dept. of the Treasury - IRS				

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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, ot	her comp.	2 Federal income tax withheld						
a Employee's con			18600.00	2358.00						
204-04-0845	3 Soci	al security	wages	4 Social security tax withheld						
b Employer ID no. (EIN)			18600.00	1153.20						
81-3222740	5 Med	icare wage	s and tips 18600.00	6 Medicare tax withheld 269.70						
c Employer's name, ad	dress, a	nd ZIP cod	le			209.70				
CÓŃNECTIX CÓRPORATION										
1333 CORPORATE DR SUITE 345										
IRVING	Т	TX 75038								
d Control number										
e Employee's name, address, and ZIP code Suff. CHANDANA GAMPA										
721 WATTS CIR										
NASHVILLE	Τ	'N	37209							
7 Social security tips		8 Allocate	ed tips	9						
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12						
13	14 Ot	her		12b Code						
Statutory employee				12c Code						
Retirement Plan				12d Code						
Third-party sick pay				12	uuu					
15 State Employer's stat	e ID nur	nher	<b>16</b> State wages, tip	ns etc		17 State income tax				
18 Local wages, tips, etc		19 Local ir	· · · · · ·	20 Locality name						
magoo, apo, on				· · · · · · · · · · · · · · · · · · ·						
	<b>0</b>					D ( ( ) T ) 150				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										