Copy B To Be Filed with Employee's 2020 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 105-83-4900	1 Wages, tips,	9429.00		ll income tax withheld 1032.00	- 1 '	oloyee's SSN -83-4900		ges, tips, ot	9429.00		al income tax withheld 1032.00	
b Employer ID no (FIN)		Social security tax withheld Medicare tax withheld		b Employer ID no. (EIN) 27 - 1761939 3 Social security wages 5 Medicare wages and tips		3	Social security tax withheld Medicare tax withheld					
c Employer's name, and MOXIE IT S	SOLUTION ELINE PI	S, INC.	VA	20147	MÓ 44 SU AS	oloyer's name, ac XIE IT 025 PIP ITE #11 HBURN trol number	SOLU ELIN	JTIONS	S, INC.	VA	20147	
e Employee's name, at AMULYA BHZ 575 W MAD CHICAGO	ARGAVI J		IL	Suff.	AM 57	oloyee's name, a IULYA BH. 5 W MAD ICAGO	ARG	JU IVA		IL	Suff.	
7 Social security tips	8 Alloca	ted tips	9		7 Soci	al security tips		8 Allocat	ed tips	9		
10 Dependent care bene	efits 11 Nonq	ualified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12a C	Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other Life Ir	9.20	12b C	ode	Retireme	ent Plan ty sick pay	140 Lii	ther Ee In	9.20	12b (Code	
IL 27-1761			9.00	428.37	IL	27-1761				9.00	120.3	
15 State Employer's si 18 Local wages, tips, etc	tate ID number c. 19 Loca	16 State wages, tip income tax		17 State income tax ality name		Employer's sta			16 State wages, tip	os, etc. 20 Locali	17 State income tax ty name	
Form W-2 Wage and Ta This information is being furni	x Statement ished to the Internal	Revenue Service.		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax State	ment			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 EMI (See Notice to E	PLOY	EE'Ś RE /ees).	CORDS.		202 OME	20 3 No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.			2 Fee	2 Federal income tax withheld			
, ,		9429.00			1032.00			
105-83-4900	3 Social security wages			4 Social security tax withheld				
b Employer ID no. (EIN)								
27-1761939	5 Medicare wages and tips				6 Medicare tax withheld			
c Employer's name, and MOXIE IT								
44025 PIP SUITE #11		IE PLA	AZA					
ASHBURN				V.	VA 20147			
d Control number								
e Employee's name, and AMULYA BHZ	ARGA	JU IV				Suff.		
CHICAGO				I	L	60661		
7 Social security tips	8 Allocated tips				9			
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13	14 Other Life In 9.20				12b Code			
Statutory employee					12c Code			
Retirement Plan				'-	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Third party sick pay					12d Code			
Third-party sick pay IL 27-1761939 000 9429.00 428.								
11 2 / - 1 / 9 1	000	9429.0			428.37			
15 State Employer's stat	mber	16 State wages, tips, etc			c. 17 State income tax			
18 Local wages, tips, etc	C.	19 Local income tax			20 Locality name			
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								

REV 12/09/20 QBDT

Copy 2 To Be F City, or Local In				′ I	20 B No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp. 2			2 Federa	2 Federal income tax withheld			
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105-83-4900	3 Soci	al security	wages	4 Social security tax withheld				
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7 Social security tips		8 Allocated tips						
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15 State Employer's sta	te ID nui	mber	16 State wages, tip	s, etc.	, etc. 17 State income tax			
18 Local wages, tips, et	c.	19 Local in		20 Locality name				
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