

b Employer's Identification number		81-4001774		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TROVETECHS INC 390 AMWELL ROAD, SUITE 313 HILLSBOROUGH NJ 08844		\$	79140.39	11944.38
e Employee's first name and initial		Last name 8117570		12b	3 Social security wages	4 Social security tax withheld
SOMESHWAR ORUGANTI 174 TUPELO TRAIL FRANKFORT KY 40601				\$	15027.99	931.74
f Employee's address and ZIP code		8117570		12c	5 Medicare wages and tips	6 Medicare tax withheld
8117570				\$	15027.99	217.91
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service		
				9		
				10 Dependent care benefits		
				11 Nonqualified plans		
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
				14 Other		
				a Employee's soc. sec. no		
				484-91-6195		
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
KY	975965	79140.39	3813.48			

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		81-4001774		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TROVETECHS INC 390 AMWELL ROAD, SUITE 313 HILLSBOROUGH NJ 08844		\$	79140.39	11944.38
e Employee's first name and initial		Last name 8117570		12b	3 Social security wages	4 Social security tax withheld
SOMESHWAR ORUGANTI 174 TUPELO TRAIL FRANKFORT KY 40601				\$	15027.99	931.74
f Employee's address and ZIP code		8117570		12c	5 Medicare wages and tips	6 Medicare tax withheld
8117570				\$	15027.99	217.91
				12d	7 Social security tips	8 Allocated tips
				\$		
				This information is being furnished to the Internal Revenue Service		
				9		
				10 Dependent care benefits		
				11 Nonqualified plans		
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
				14 Other		
				a Employee's soc. sec. no		
				484-91-6195		
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
KY	975965	79140.39	3813.48			

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		81-4001774		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TROVETECHS INC 390 AMWELL ROAD, SUITE 313 HILLSBOROUGH NJ 08844		\$	79140.39	11944.38
e Employee's first name and initial		Last name 8117570		12b	3 Social security wages	4 Social security tax withheld
SOMESHWAR ORUGANTI 174 TUPELO TRAIL FRANKFORT KY 40601				\$	15027.99	931.74
f Employee's address and ZIP code		8117570		12c	5 Medicare wages and tips	6 Medicare tax withheld
8117570				\$	15027.99	217.91
				12d	7 Social security tips	8 Allocated tips
				\$		
				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.		
				9		
				10 Dependent care benefits		
				11 Nonqualified plans		
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
				14 Other		
				a Employee's soc. sec. no		
				484-91-6195		
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
KY	975965	79140.39	3813.48			

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		81-4001774		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		TROVETECHS INC 390 AMWELL ROAD, SUITE 313 HILLSBOROUGH NJ 08844		\$	79140.39	11944.38
e Employee's first name and initial		Last name 8117570		12b	3 Social security wages	4 Social security tax withheld
SOMESHWAR ORUGANTI 174 TUPELO TRAIL FRANKFORT KY 40601				\$	15027.99	931.74
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				\$		
				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.		
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				14 Other		
				a Employee's soc. sec. no		
				484-91-6195		
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
KY	975965	79140.39	3813.48			

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