

b Employer's identification number c Employer's name, address, and ZIP code		26-3644382		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld			
M9 CONSULTING INC 507, DENALI PASS DR SUITE # 603 CEDAR PARK TX 78613		L \$ 4032.60		101996.20		101996.20		9237.69			
		12b \$		101996.20		3 Social security wages		4 Social security tax withheld			
		12c \$		101996.20		5 Medicare wages and tips		6 Medicare tax withheld			
		12d \$				7 Social security tips		8 Allocated tips			
e Employee's first name and initial Last name		1318796		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return		9		10 Dependent care benefits			
DINESH THOKALA 5895 SHEPPARD DRIVE CUMMING GA 30040		f Employee's address and ZIP code				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay			
						14 Other					
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	
GA 3075871-KU		101996.20		5550.62							
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			

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e Employee's first name and initial Last name		1318796		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments		9		10 Dependent care benefits			
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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			

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