2020 W-2 and Earnings Summary

Form W-2 Wa	age and Tax Statement			
Copy C - For EMPLOY	EE'S RECORDS 2020			
This information is being furnished to the IR to file a tax return, a negligence penalty or c imposed on you if this income is taxable and	S. If you are required OMP No. 1645 0009			
Control OUI53 0406				
Employer's name, address, and ZIP code				
MINDFINDERS IN	C			
1200 18TH STRE	ET NW SUITE 650			
WASHINGTON DC	20036			
Employee's name, address, and ZIP code SATHYA EASWAR	AMOODTUV			
11005 NASHVIL				
ELLICOIT CITY	MD 21042			
112126.80				
1 Wages, tips, other comp.	2 Federal income tax withheld			
112126.80	0,000.00			
3 Social security wages	4 Social security tax withheld			
112126.80	1625.84			
5 Medicare wages and tips	6 Medicare tax withheld 8 Allocated tips			
7 Social security tips				
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
	12b			
13 Statutory Retirement Third-party sick pay	12c			
	12d			
Employee's social security no. $043-13-9710$	14			
Employer ID number (EIN) 52-2303447				
15 St. Employer's state ID number 1	6 State wages, tips, etc. 17 State income tax			
MD 10172650	112126.80 5212.75			
18 Local wages, tips, etc.	9 Local income tax 20 Locality name			

ity Wages Medicare Wages and Tips x 3 of W-2 Box 5 of W-2
12,126.80 \$112,126.80 \$0.00 \$0.00 N/A N/A \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$12,126.80 \$112,126.80
Security Medicare (4 of W-2 Box 6 of W-2 \$6,951.86 \$1,625.84
\$

MD State Wages, Tips, etc. Box 16 of W-2 Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay Total Reported Wages \$112,126.80 \$0.00 \$0.00 \$0.00 \$112,126.80

> MD State Income Tax Box 17 of W-2 \$5,212.75

Tax Withheld

SATHYA EASWARAMOORTHY 11005 NASHVILLE COURT ELLICOTT CITY, MD 21042

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement Copy B — To Be Filed With

Employee's FEDERAL Tax Return.

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

This information is being furnished to the IRS.

Control number 0UI53 0406

Employer's name, address, and ZIP code

00088

MINDFINDERS INC

1200 18TH STREET NW SUITE 650 WASHINGTON DC 20036

SATHYA EASWARAMOORTHY 11005 NASHVILLE COURT ELLICOTT CITY MD 21042

112126 1 Wages, tips, other co		2		8911.24 ome tax withheld	
112126.80 3 Social security wages		6951.86 4 Social security tax withheld			
	112126.80		1625.84 6 Medicare tax withheld		
7 Social security tips		8 Allocated tips			
9		10	Dependent	care benefits	
11 Nonqualified plans		12			
13 Statutory Retirement Third-party sick pay		12			
		12			
Employee's social secur 043-13-971 Employer ID number (El	LO	14			
52-230344	7				
15 St. Employer's state ID number MD 10172650			e wages, tips, etc. 126.80	17 State income ta: 5212.75	
18 Local wages, tips, etc.		9 Local income tax		20 Locality name	

Cop	m W-2 y 2 — To B oyee's State, ne Tax Retur	e Filed With City, or Loca		OMB Departmen	2020 No. 1545-000 nt of Treasury evenue Service
Control number	0UI53	0406	000		venue del vic
MIN 120				SUITE	650

Employee's name, address, and ZIP code
SATHYA EASWARAMOORTHY
11005 NASHVILLE COURT ELLICOTT CITY MD 21042

112126. 1 Wages, tips, other com		8911.2 2 Federal income tax withh			
112126.80 3 Social security wages		6951.86 4 Social security tax withheld			
112126.80 5 Medicare wages and tips		1625.84 6 Medicare tax withheld			
7 Social security tips		8 Allocated tips			
		10 Depe	ndent	care benefits	
11 Nonqualified plans		12a			
13 Statutory Petirement Third-party sick pay Employee's social security no. 043-13-9710		120 12c			
		12d	T		
		14			
Employer ID number (EIN) 52-2303447					
15 St. Employer's state ID number MD 10172650	9	16 State wages, tips, etc. 112126.80		17 State income ta: 5212.75	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wa	ge and Tax Statement
Copy 2 — To Be Filed Wit Employee's State, City, or Lo	cal OMB No. 1545-0008
Income Tax Return.	Department of Treasury - Internal Revenue Service
number 0UI53 0406	00088
Employer's name, address, and ZiP code MINDFINDERS INC	
1200 18TH STREE	T NW SUITE 650
WASHINGTON DC 2	0036
Employee's name, address, and ZIP code SATHYA EASWARA 11005 NASHVILI ELLICOTT CITY	E COURT
112126.80 1 Wages, tips, other comp.	8911.24 2 Federal income tax withheld
112126.80 3 Social security wages	6951.86 4 Social security tax withheld
112126 80	1625 04

112126.8 3 Social security wages	0 6951.86 4 Social security tax withhe					
112126.8 5 Medicare wages and tips	100	1625.84 6 Medicare tax withheld				
7 Social security tips		8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified plans		12a				
13 Statutory Retirement Third-party sick pay		12b 12c				
		12d				
Employee's social security n 043-13-9710	0.	14				
Employer ID number (EIN) 52-2303447						
15 st. Employer's state ID number MD 10172650	16 State wages, tips, etc. 112126.80			17 State income tax 5212.75		
18 Local wages, tips, etc.	19 Local income tax		20 Locality name			