	10- Cas in structions for Day 10		
b Employer's Identification number 45-2861443	12a See instructions for Box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code	\$	20192.31	2703.74
EXCELA SOLUTIONS	12b	3 Social security wages	4 Social security tax withheld
ENCERTY POLICITORD	Is		
39899 BALENTINE DRIVE	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
NEWARK CA 94560	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
9435285	This information is being furnished to the Internal Revenue Service		
SAI PRASHANTH SAVRALA		11 Nongualified plans	13 Statutory Retirement Third-party
	Copy B To Be Filed with		employee plan sick pay
10 LINDEN AVE			
	Employee's FEDERAL	14 Other	
	Tax Return		
BUFFALO GROVE IL 60089			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	XXX-XX-5870		
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
IL 45-2861443000 20192.31 961.14			
	1	+	
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	With Employee's FEDERAL Tax Return

b Employer's Identification number 45-2861443	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 45-2801445	\$	20192.31	2703.74
EXCELA SOLUTIONS	12b	3 Social security wages	4 Social security tax withheld
	\$		
39899 BALENTINE DRIVE	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
NEWARK CA 94560	12d	7 Social security tips	8 Allocated tips
	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
9435285			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay
SAI PRASHANTH SAVRALA	Local Tax Departments		
10 LINDEN AVE		14 Other	
BUFFALO GROVE IL 60089			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	XXX-XX -5870		
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
IL 45-2861443000 20192.31 961.14			
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 ST	ATE, CITY, or LOCAL Tax Departments

REV 01/07/21 OSP

	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 45-2601445	\$	20192.31	2703.74
EXCELA SOLUTIONS	12b	3 Social security wages	4 Social security tax withheld
	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
39899 BALENTINE DRIVE	\$		
	12d	7 Social security tips	8 Allocated tips
NEWARK CA 94560	1\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
9435285			
SAI PRASHANTH SAVRALA	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
10 LINDEN AVE	Local Tax Departments	14 Other	
BUFFALO GROVE IL 60089	a Employee's soc. sec. no		
f Employee's address and ZIP code	XXX-XX -5870	+	
15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax		19 Local income tax	20 Locality name
IL 45-2861443000 20192.31 961.14			
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 STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 45-2861443	1	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		\$	20192.31	2703.74
EXCELA SOLUTIONS	1	12b	3 Social security wages	4 Social security tax withheld
		\$		
	12c	5 Medicare wages and tips	6 Medicare tax withheld	
39899 BALENTINE DRIVE		\$		
	1	12d	7 Social security tips	8 Allocated tips
NEWARK CA 94560		\$		
e Employee's first name and initial Last name		This information is being furnished to the	9	10 Dependent care benefits
9435285		Internal Revenue Service. If you are required to file a tax return, a negligence		
SAI PRASHANTH SAVRALA		penalty or other sanction may be imposed	11 Nongualified plans	13 Statutory Retirement Third-party
		on you if this income is taxable and you fail to report it.		employee plan sick pay
10 LINDEN AVE		Copy C for Employee's	14 Other	
		Records (see notice to	T+ Other	
BUFFALO GROVE IL 60089		Employee on back.)		
BUFFALO GROVE IL 00009	a	a Employee's soc. sec. no		
f Employee's address and ZIP code		XXX-XX - 5870		
	te income tax		19 Local income tax	20 Locality name
IL 45-2861443000 20192.31	961.14	-		

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service

Copy C For Employee's Records