

b Employer's Identification number c Employer's name, address, and ZIP code		45-2861443 EXCELA SOLUTIONS 39899 BALENTINE DRIVE NEWARK CA 94560		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	20192.31	2703.74	
				12b	3 Social security wages	4 Social security tax withheld	
				\$			
				12c	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		9435285		This information is being furnished to the Internal Revenue Service		9	
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits	
						11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
						14 Other	
f Employee's address and ZIP code		10 LINDEN AVE BUFFALO GROVE IL 60089		a Employee's soc. sec. no	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 B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		45-2861443 EXCELA SOLUTIONS 39899 BALENTINE DRIVE NEWARK CA 94560		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	20192.31	2703.74	
				12b	3 Social security wages	4 Social security tax withheld	
				\$			
				12c	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		9435285		Copy 2 for State, City, or Local Tax Departments		9	
						11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
						14 Other	
f Employee's address and ZIP code		10 LINDEN AVE BUFFALO GROVE IL 60089		a Employee's soc. sec. no	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 STATE, CITY, or LOCAL Tax Departments

REV 01/07/21 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		45-2861443 EXCELA SOLUTIONS 39899 BALENTINE DRIVE NEWARK CA 94560		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	20192.31	2703.74	
				12b	3 Social security wages	4 Social security tax withheld	
				\$			
				12c	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		9435285		Copy 2 for State, City, or Local Tax Departments		9	
						11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
						14 Other	
f Employee's address and ZIP code		10 LINDEN AVE BUFFALO GROVE IL 60089		a Employee's soc. sec. no	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 STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code		45-2861443 EXCELA SOLUTIONS 39899 BALENTINE DRIVE NEWARK CA 94560		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	20192.31	2703.74	
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				\$			
				12c	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		9435285		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	
				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits	
						11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
						14 Other	
f Employee's address and ZIP code		10 LINDEN AVE BUFFALO GROVE IL 60089		a Employee's soc. sec. no	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	
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