H	_
٥	_
Ξ	3
155	
S	
-	

a Employee's social security no. 599-67-3017	. ,	tification number (EIN)	Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-00					OMB No. 1545-0008
c Employer's name, address, and ZIP code EXCELTECHIES LLC 2750 DULUTH HWY #2 DULUTH, GA 30096		95291.66 1 Wages, tips, other compensation			14480.00 2 Federal income tax withheld			
		3 Social security wages 95291.66		4 Social security tax withheld 878.34				
		95291.66 5 Medicare wages and tips			205.42 6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips		9	
d Control number			10 Dependent care benefits 12b Code	<u> </u>	11 Nonqualified pla	ans	12a Code 12d Code	See inst. for box 12
e Employee's name, address, and ZIP code PREM CHAND RACHARLA 234 PRESTON WOODS TRL ATLANTA, GA 30338		13 Statutory employee Retirement plan Third-party sick pay		14 Other				
15 State Employer's state ID nun GA 47-1662481		16 State wages, tips, etc. 95291.66	17 State income tax 4819.00	18 Loc	cal wages, tips, etc.	19 Local incor	ne tax	20 Locality name
Form W-2 Wage and Tax Statement 2020 Department of the Treasury - Internal Revenue Service								

a Employee's social security no. 599-67-3017	b Employer identification number (EIN) 47-1662481	Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008					
c Employer's name, address, and ZIP code EXCELTECHIES LLC 2750 DULUTH HWY #2 DULUTH, GA 30096		Wages, tips, other compa Social security wages 9529	91.66 91.66	14480.00 2 Federal income tax withheld 4 Social security tax withheld 878.34 205.42 6 Medicare tax withheld			
d Control number e Employee's name, address, and ZIP code		10 Dependent care benefits 11 Nonqualified 12b Code 12c Code		plans 12a Code 12d Code			
PREM CHAND RACHARLA 234 PRESTON WOODS TRL ATLANTA, GA 30338		13 Statutory employee Retirement plan Third-party sick pay	14 Other				
15 State Employer's state ID num GA 47-1662481	ber 16 State wages, tips, etc. 95291.66	1	18 Local wages, tips, etc	. 19 Local income	e tax 20 Locality name		

Form W-2 Wage and Tax Statement 2020

Department of the Treasury - Internal Revenue Service

a Employee's social security no. b Employer id	entification number (EIN)	Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008						
599-67-3017 47-	1662481	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.						
c Employer's name, address, and ZIP code		95291.66			14480.00			
		1 Wages, tips, other compensation			2 Federal income tax withheld			
EXCELTECHIES LLC		3 Social security wages			4 Social security tax withheld			
2750 DULUTH HWY #2		95291.66			878.34			
DULUTH, GA 30096		95291.66			205.42			
		5 Medicare wages and tips	3		6 Medicare tax withheld			
		7 Social security tips		8 Allocated tips		9		
d Control number								
		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12		
		12b Code	12c	Code		12d Code		
e Employee's name, address, and ZIP code								
PREM CHAND RACHARLA		13 14		14 Other				
234 PRESTON WOODS TRL		Statutory employee						
1		I ' ' ' F	 					
ATLANTA, GA 30338		Retirement plan	_					
		Third-party sick pay						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local w	ages, tips, etc.	19 Local incon	ne tax	20 Locality name	
GA 47-1662481	95291.66	4819.00						
·	-				1			