Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2020 OMB No. 1545-0008			2020 OMB No. 1545-0008
a Employee's SSN	1 Wages, tips, other comp. 3 5 0 0 0 . 0 0	2 Federal income tax withheld 5177.00		1 Wages, tips, other comp. 3 5 0 0 0 . 0 0	2 Federal income tax withheld 5177.00
163-51-5609		4 Social security tax withheld	163-51-5609		4 Social security tax withheld
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld		5 Medicare wages and tips	6 Medicare tax withheld
51 - 0580629 c Employer's name, addre	ss, and ZIP code		51 - 0580629 c Employer's name, addres	s, and ZIP code	
INHERENT TECHNOLOGIES LLC			INHERENT TECHNOLOGIES LLC		
4341 W DUBLIN ST CHANDLER, AZ 85226			4341 W DUBLIN ST CHANDLER, AZ 85226		
CHANDLER,	AZ 03220			AZ 05220	
d Control number Z 05 D0 TX			d Control number Z 05 D0 TX		
e Employee's name, address, and ZIP code NIRANJAN_REDDY ALLA			e Employee's name, address, and ZIP code NIRANJAN REDDY ALLA		
3716 Kimbl	e dr as, 75025.		3716 Kimble Plano, Texa	e dr	
Plano, lex	.as, 75025.		Plano, lex	as, 75025.	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	s 11 Nonqualified plans	c12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee 14	Other	12b	13 Statutory employee 14 (Other	12b
Retirement plan		12c	Retirement plan		12c
·		C od e	,		C d e
Third-party sick pay		12d	Third-party sick pay		12d
TX 51-05806	35000.0	0.00	TX 51-05806	29 35000.0	0.00
15 State Employer's state ID 18 Local wages, tips, etc.	number 16 State wages, tips, etc	20 Locality name	15 State Employer's state ID 18 Local wages, tips, etc.	number 16 State wages, tips, etc	20 Locality name
To Local Wages, tips, etc.	15 Local moonie tax	20 Locality Harrie	To Local Wages, tips, etc.	15 Edda modific tax	20 Locality Harrie
Form W-2 Wage and Tax	Statement	Dept. of the Treasury - IRS	Form W-2 Wage and Tax \$	Statement	Dept. of the Treasury - IRS
This information is being furnis	shed to the Internal Revenue Service.				
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negligence penalty or other sar		come is taxable and you fail to report it.	Occurs To Bo Filed	With Familian als Otata	
(See Notice to Employ	yee.)	2020 OMB No. 1545-0008	City, or Local Income		2020 OMB No. 1545-0008
a Employee's SSN	1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 5177.00		1 Wages, tips, other comp. 35000.00	2 Federal income tax withheld 5177.00
163-51-5609 b Employer ID no. (EIN)	3 Social security wages	4 Social security tax withheld	163 – 51 – 5609 b Employer ID no. (EIN)	3 Social security wages	4 Social security tax withheld
51-0580629	5 Medicare wages and tips	6 Medicare tax withheld		5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code					
INHERENT TECHNOLOGIES LLC			INHERENT TECHNOLOGIES LLC 4341 W DUBLIN ST		
4341 W DUBLIN ST CHANDLER, AZ 85226			CHANDLER, AZ 85226		
			d Control number		
d Control number Z 05 D0 TX			Z 05 D0 TX		
e Employee's name, address, and ZIP code NIRANJAN_REDDY ALLA			e Employee's name, address, and ZIP code NIRANJAN REDDY ALLA		
3716 Kimble dr Plano, Texas, 75025.			3716 Kimble dr Plano, Texas, 75025.		
l rano, rex			liano, ica	25, 73023.	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	s 11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	_c 12a
13 Statutory employee 14	Other	c <mark>12b</mark>	13 Statutory employee 14 (Other	c <mark>12b</mark>
Retirement plan		12c	Retirement plan		<u>{</u> 12c
Third-party sick pay		_12d	Third-party sick pay		
	500 35000			20 25000	
TX 51-05806			TX 51-05806		
15 State Employer's state IL18 Local wages, tips, etc.	number 16 State wages, tips, etc	20 Locality name	15 State Employer's state ID 18 Local wages, tips, etc.	number 16 State wages, tips, etc	20 Locality name
Form W-2 Wage and Tax	Statement	Dent of the Treasury - IRS	Form W-2 Wage and Tay 9	Statement	Dent of the Treasury - IRS

Copy 2-To Be Filed With Employee's State,

Copy B-To Be Filed With Employee's