FEDERAL Tax Return.	'ith Employee's	41-0852411 OMB No. 1545-0008	Copy 2 – To Be Filed W State, City, or Local Inc		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	· 3 · · , · · · · · · · ·	2 Federal income tax withheld	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
639-87-1782	69224.13 3 Social security wages	10688.29 4 Social security tax withheld	639-87-1782	69224.13 3 Social security wages	10688.29 4 Social security tax withheld
Employer ID number (EIN)	71980.50	4462.79	b Employer ID number (EIN)	71980.50	4462.79
46-4716239	5 Medicare wages and tips 71980.50	6 Medicare tax withheld 1043.72	46-4716239	5 Medicare wages and tips 71980.50	6 Medicare tax withheld 1043.72
c Employer's name, address, ar	d ZIP code		c Employer's name, address, an		
Sequoia One PEO, I			Sequoia One PEO, I		
22 4th Street, 14th F			22 4th Street, 14th F		
San Francisco, CA 9	4103		San Francisco, CA 9	4103	
Control number			d Control number		
e Employee's name, address, a	nd ZIP code	Suff.	e Employee's name, address, ar		Suff
PRATYUSHA KADI	YALA		PRATYUSHA KADI	YALA	
1250 GALAPAGO S	T APT 511		I 1250 GALAPAGO S	T APT 511	
Denver, CO 80204			Denver, CO 80204		
Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
0.0 0 Dependent care benefits	0 0.00 11 Nonqualified plans	12a Code See inst. for box 12	0.0 10 Dependent care benefits	0 0.00 11 Nonqualified plans	12a Code
-		C 28.65			C 28.65
L3 Statutory employee 1	4 Other	12b Code D 2756.37	13 Statutory employee 14	4 Other	12b Code D 2756.37
Retirement plan		12c Code DD 4510.38	Retirement plan		12c Code DD 4510.38
Third-party sick pay		DD 4510.38 1 2d Code	Third-party sick pay		DD 4510.38 12d Code
		W 1610.00		1	W 1610.00
CO 30140989	69224	.13 3081.00	CO 30140989	69224	.13 3081.0
5 State Employer's state ID nu	nber 16 State wages, tips, etc.	17 State income tax	15 State Employer's state I.D. n	umber 16 State wages, tips, etc.	17 State income tax
8 Local wages, tips, etc.	19 Local income tax 19.49 46.0	20 Locality name 0 DENVER,CO	18 Local wages, tips, etc.	19 Local income tax 19.49 46.0	20 Locality name 0 DENVER,CO
507	-0.0	DENVER,00			
	tement 2020 ad to the Internal Revenue Service.	Dept. of the Treasury IRS www.irs.gov/efile	Form W-2 Wage and Tax Stai	<u>2020</u>	
his information is being furnishe	ed to the Internal Revenue Service.				41-0852411 OMB No. 1545-0008
his information is being furnishe	ed to the Internal Revenue Service.	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld	 -	th Employee's State, x Return.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld
his information is being furnishe	ted to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29	Copy 2 – To Be Filed Wi City, or Local Income Ta	th Employee's State, ix Return. 1 Wages, tips, other comp. 69224.13	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782	ted to the Internal Revenue Service.	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no.	th Employee's State, tx Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50	41-0852411 OMB No. 1545-0008 2 Federal income tax withheid 10688.29 4 Social security tax withheid 4462.79
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782	ted to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782	th Employee's State, tx Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld
Copy C – For EMPLOYE Notice to Employee on the Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239	ted to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN)	th Employee's State, ix Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld
Copy C – For EMPLOYE Notice to Employee on the Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO,	Et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239	th Employee's State, tx Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.25 4 Social security tax withheld 4462.75 6 Medicare tax withheld
Copy C – For EMPLOYE Notice to Employee on the Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I	et to the Internal Revenue Service. E'S RECORDS (See back of Copy B.) Wages, tips, other comp. 69224.13 Social security wages 71980.50 Medicare wages and tips 71980.50 ZIP code LLC Floor	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an	th Employee's State, ix Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld
Copy C – For EMPLOYE Notice to Employee on th Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO,	et to the Internal Revenue Service. E'S RECORDS (See back of Copy B.) Wages, tips, other comp. 69224.13 Social security wages 71980.50 Medicare wages and tips 71980.50 ZIP code LLC Floor	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO,	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld
Copy C – For EMPLOYE Notice to Employee on th Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 5	et to the Internal Revenue Service. E'S RECORDS (See back of Copy B.) Wages, tips, other comp. 69224.13 Social security wages 71980.50 Medicare wages and tips 71980.50 ZIP code LLC Floor	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld
Copy C - For EMPLOYE Notice to Employee on the Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 Gozial security wages 71980.50 Medicare wages and tips 71980.50 Medicare wages and tips 71980.50 Code LLC Floor 94103	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S	th Employee's State, x Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.25 4 Social security tax withheld 4462.75 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782 D Employer ID number (EIN) 46-4716239 E Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA S 4 Control number	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 Gozial security wages 71980.50 Medicare wages and tips 7	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number	th Employee's State, x Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA d Control number b Employee's name, address, a PRATYUSHA KAD	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 Social security wages 71980.50 Medicare wages and tips 71980.50 Medicare wages and tips 71980.50 d ZIP code LLC Floor P4103 nd ZIP code YALA	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI'	th Employee's State, X Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code YALA	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA i Control number b Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 Gozial security wages 71980.50 Medicare wages and tips 71980.50 Medicare wages and tips 71980.50 d ZIP code LLC Floor P4103 Md ZIP code YALA	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S	th Employee's State, X Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code YALA	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 Demployer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA Control number Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 Social security tips	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 94103 nd ZIP code YALA ST APT 511 8 Allocated tips	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S Denver, CO 80204 7 Social security tips	th Employee's State, X Return. Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code YALA T APT 511 8 Allocated tips	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 Demployer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA Control number Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 Social security tips 0.0	et to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 94103 nd ZIP code YALA ST APT 511 8 Allocated tips	www.irs.gov/efile	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204	th Employee's State, X Return. Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code YALA T APT 511 8 Allocated tips	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 a Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 9 a Control number a Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 7 Social security tips 0.0 0 Dependent care benefits	et to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 Suff. 9 12a Code See inst. for box 12 C	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Pode LLC Pode LLC Pode Allocated tips 0 0.00 11 Nonqualified plans	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 Suf 9 12a Code C 28.65
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 a Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 9 a Control number a Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 7 Social security tips 0.0 0 Dependent care benefits	ted to the Internal Revenue Service. E'S RECORDS (See te back of Copy B.) Wages, tips, other comp. 69224.13 Good Security wages 71980.50 Medicare wages and tips 71	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 Suff. 9 12a Code See inst. for box 12	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0	th Employee's State, X Return. Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 04103 nd ZIP code YALA T APT 511 8 Allocated tips 0 0.00	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 Suf
Copy C - For EMPLOYE Notice to Employee on the Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 9 Control number Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 Social security tips 0.0 Dependent care benefits 13 Statutory employee	et to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 Suff. 9 12a Code See inst. for box 12 C 28.65 12b Code D 2756.37 12c Code	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, an PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee Retirement plan	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Pode LLC Pode LLC Pode Allocated tips 0 0.00 11 Nonqualified plans	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 5 Medicare tax withheld 12a Code C 28.65 12b Code 0 2756.37 12c Code
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on th a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 4 d Control number a Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 7 Social security tips 0.0 0 Dependent care benefits 13 Statutory employee	et to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 9 12a Code See inst. for box 12 C 2 R.65 12b Code D 2 T56.37	Copy 2 – To Be Filed Wir City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, an PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Pode LLC Pode LLC Pode Allocated tips 0 0.00 11 Nonqualified plans	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 2756.37 12c Code DD 4510.38
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 a Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th II San Francisco, CA d Control number a Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 7 Social security tips 0.00 10 Dependent care benefits 13 Statutory employee 1 Retirement plan	et to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 7 Medicare tax withheld 1043.72 9 12 Code See inst. for box 12 C 28.65 12 b Code D 2756.37 12c Code DD 4510.38	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee Retirement plan	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Pode LLC Pode LLC Pode Allocated tips 0 0.00 11 Nonqualified plans	OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 2756.37 12c Code
his information is being furnishe Copy C – For EMPLOYE Notice to Employee on the a Employee's soc. sec. no. 639-87-1782 a Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th II San Francisco, CA d Control number a Employee's name, address, a PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 7 Social security tips 0.00 10 Dependent care benefits 13 Statutory employee 1 Retirement plan	et to the Internal Revenue Service.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 9 12a Code See inst. for box 12 C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, a PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee Retirement plan	th Employee's State, EX Return. 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Pode LLC Pode LLC Pode Allocated tips 0 0.00 11 Nonqualified plans	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00
his information is being furnishe Copy C - For EMPLOYE Notice to Employee on the Third-party sick pay Compose is soc. sec. no. 639-87-1782 Demployee's soc. sec. no. 639-87-1782 Demployee's name, address, and Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 9 Control number Denver, CO 80204 Social security tips 0.0 0 Dependent care benefits Control number Control number Control security tips Control securi	E'S RECORDS (See back of Copy B.) 1 Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Floor 94103 nd ZIP code YALA ST APT 511 8 Allocated tips 0 0.00 11 Nonqualified plans 4 Other 69224 umber 16 State wages, tips, etc.	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code See inst. for box 12 C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00 .13 3081.00 .17 State income tax	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, an PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee 14 Retirement plan X Third-party sick pay CO 30140989 15 State Employer's state I.D. n	th Employee's State, bx Return. 1 1 3 3 3 5 Medicare wages and tips 71980.50 5 7 1 0 1 <tr< td=""><td>41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00 13 3081.00</td></tr<>	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00 13 3081.00
Copy C – For EMPLOYE Notice to Employee on th Employee's soc. sec. no. 639-87-1782 Employer ID number (EIN) 46-4716239 Employer's name, address, an Sequoia One PEO, 22 4th Street, 14th I San Francisco, CA 9 Control number Employee's name, address, an PRATYUSHA KAD 1250 GALAPAGO S Denver, CO 80204 Social security tips 0.0 Dependent care benefits 3 Statutory employee 1 Retirement plan X Third-party sick pay CO 30140989 5 State Employer's state I.D. r 8 Local wages, tips, etc.	et to the Internal Revenue Service.	www.irs.gov/efile 41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.29 4 Social security tax withheld 4462.79 6 Medicare tax withheld 1043.72 5 Medicare tax withheld 1043.72 9 12a Code See inst. for box 12 C 28.65 12b Code D 2756.37 12c Code D 4510.38 12d Code W 1610.00 .13 3081.00 17 State income tax 20 Locality name	Copy 2 – To Be Filed Wi City, or Local Income Ta a Employee's soc. sec. no. 639-87-1782 b Employer ID number (EIN) 46-4716239 c Employer's name, address, an Sequoia One PEO, 1 22 4th Street, 14th F San Francisco, CA S d Control number e Employee's name, address, an PRATYUSHA KADI' 1250 GALAPAGO S' Denver, CO 80204 7 Social security tips 0.0 10 Dependent care benefits 13 Statutory employee 14 Retirement plan X Third-party sick pay CO 30140989 15 State Employer's state I.D. n 18 Local wages, tips, etc.	th Employee's State, x Return. Wages, tips, other comp. 69224.13 3 Social security wages 71980.50 5 Medicare wages and tips 71980.50 d ZIP code LLC Cloor 94103 nd ZIP code YALA T APT 511 8 Allocated tips 0 0.00 11 Nonqualified plans 4 Other 69224	41-0852411 OMB No. 1545-0008 2 Federal income tax withheld 10688.25 4 Social security tax withheld 4462.75 6 Medicare tax withheld 1043.72 9 12a Code C 28.65 12b Code D 4510.38 12d Code W 1610.00 .13 3081.0 17 State income tax 20 Locality name

L4UP

T

Point we rege and tax statement This information is being furnished to the IRS. 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.

Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections, If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. SoG, Tax Withholding and Estimated Tax...

(Also see Instructions for Employee, below.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of

your tax return. Box 5. You may be required to report this amount on Form 8959. Additional Medicare Tax. See the Instructions for Forms 1040 an 1040-SR to determine if you are required to complete Form 8959 Box 6. This amount includes the 1.45% Medicare Tax withheld or eld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000

Box 8. This amount is not included in box 1, 3, 5, or 7. For Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax relam, see the instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicame Tax on Unreported Tip Income, with your income tax relamin to report at least the aliocated big amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of they you received, report that amount even if it is more or less than the aliocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the aliocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security report leave your employer. By filing Form 4137, your social security record (used to figure your benefits that your employer alid you or incurred on your behalf (Including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable

amounts. Box 11, This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongov-emmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box fould not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give

you a copy. Box 12. The following list explains the codes shown in box 12. You Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrats (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.500 (\$13.500 if you only have SIMPLE plans; \$22.500 for section 403(b) plans if you quality for the 15-year rule explained in Pub. 571). Deterrais under code G are limited to \$19.500. Deferrais under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your emplo However, if you were at least age 50 in 2020, your employer r have allowed an additional deferral of up to \$6,500 (\$3,000 fo section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current

year. A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

title-SR. To fore-SR to be the instructions of Points fore and Display and the declares tax on tips, include the tist axon Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR. C—Taxable cost of group-term tile insurance over \$50,000 (included in boxes 1.3 (µp to social security wage base), and 5). D—Elective deferratis to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) cash or deferred argement. E—Elective deferrals under a section 403(b) salary reduction agreement. E—Elective deferrals and employ contributions (including nonelective deferrals and entry contributions (including nonelective deferrals to a section 437(b) deferred compensation plan.

Han. H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SF

for how to deduct. J—Nontaxable sick pay (information only, not included in box 1, 3, or

L-Substantiated employee business expense reimbursements (nontaxable).

(nontaxable). M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Form 1404 and 1040-SR. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Form 1404 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5). Q—Nontaxable combat pay. See the Instructions for Forms 1040

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts. S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in hox 1). S—Employees salary reduction contributions under a section 408(p) SIMPLE plan (not included in hox 1). Cantificat Adrother Exerciser to compute not more 8839, Constitution Exercisers to compute not provide and

Qualified Adoption Expenses, to compute any taxable and

Contracted amounts. V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting evaluations of the security of th

requirements. W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to y health savings account. Report on Form 8889, Health Saving Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred

Y—Deternals under a section 409A nonquaillied deterred compensation plan. Z—Income under a nonquaillied deferred compensation plan that fails to satisfy section 409A. This amount also is included in hox 1. It is subject to an additional 20% tax plus interest. See the instructions for forms 1040 and 1040-SR. AA—Designated Roth contributions under a section 403(b) plan. BB—Designated Roth contributions under a section 403(b) plan.

DD- Cost of employer-sponsored health coverage. The amount

reported with code DD is not taxable. EE-Designated Poth control

Do-Coacto an imployed polision frame coverage - the encoder reported with code DD is not taxable. EE-Designated Roth contributions under a governmental section 437(b) plan. This amount does not apply to contributions under a tax-exempt organization section 437(b) plan. FF-Permitted benefits under a qualified small employer health reimbursement arrangement. GG-Income from qualified equity grants under section 83(). HH-Aggregate deferrais under section 83() elections as of the close of the calendar year. Box 13. If the Retirement plan: box is checked, special limits may apply to the amount of traditional RRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (ReA).

See Puo. 590-A, Contributions to individual retirrement Arrangements (IRAs). Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railcoad retirement (RRTA) compensation. Ter 1 tax, Tirr 2 tax, Medicare tax and Additional Medicare Tax, Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Included in Box 14, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act. Specifically, up to three types of paid qualified sick leave wages or qualified family leave wages are reported in Box 14:

Sick leave wages subject to the \$511 per day limit because of care

Such reade wages subject to the STT per day limit because of care you required.
 Sick leave wages subject to the \$200 per day limit because of care you provided to another; and
 Emergency family leave wages.

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credits, you must report the qualified family leave equivalent credits, you must report the qualified sick leave or qualified family leave wages on form 7202. Credits for Sick Leave and Family Leave for Cartain Self-Employed Individuals, included with your income tax return and reduce (but not below zero) any qualified sick leave or qualified family leave equivalent credits by the amount of these qualified family leave instructions for your individual income tax return for more information.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

J. K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.