| Copy B, To Be Filed Wit FEDERAL Tax Return. | 2020 OMB No. 1545-0008 | |
|--|---|---|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 79680.00 | 2 Federal income tax withheld 10591.56 |
| 820-51-6811 | 3 Social security wages | 4 Social security tax withheld 81.3,44 |
| b. Employer ID no. (EIN) 05-0535386 | 5 Medicare wages and tips 13120.00 | 6 Medicare tax withheld 190.24 |
| c. Employer's name, address, and ZIP TECHSTAR CONSULTIN 222 LAS COLINAS BI | code NG INC | |
| IRVING TX 75039 d. Control number | 000000005 | |
| e. Employee's name, address and ZIP SAHITYA AMBATI 13005 SANCTUARY CO TEMPLE TERRACE FL | OVE DR UNIT 104 | |
| 7 Social security tips | 8 Allocated tips | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 |
| 13 Statutory employee | 14 Other | 12b Code |
| Retirement plan | - | 12c Code |
| Third-party sick pay | - | 12d Code |
| | | |
| 15 State Employer State ID# 18 Local wages, tips, etc. | 16 State wages, tips, etc. 19 Local income tax | 17 State income tax 20 Locality name |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service

| Copy C, For EMPLOYEE'S RECORDS. | | 2020 | OMB No. 1545-0008 | | |
|---|--|-----------------------|------------------------|--|--|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 79680.00 | 2 Federal income t | ax withheld 0591.56 | | |
| 820-51-6811 | 3 Social security wages | 4 Social security tax | withheld 813.44 | | |
| b. Employer ID no. (EIN) 05-0535386 | 5 Medicare wages and tips 13120.00 | 6 Medicare tax with | | | |
| c. Employer's name, address, and ZIP TECHSTAR CONSULTIN 222 LAS COLINAS BI IRVING TX 75039 | NG INC | | | | |
| d. Control number 0 0 0 0 0 0 0 0 0 5 | | | | | |
| e. Employee's name, address and ZIP SAHITYA AMBATI 13005 SANCTUARY C(TEMPLE TERRACE FL | OVE DR UNIT 104 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. | for box 12 | | |
| 13 Statutory employee | 14 Other | 12b Code | | | |
| Retirement plan | - | 12c Code | | | |
| Third-party sick pay | | 12d Code | | | |
| | | | | | |
| 15 State Employer State ID# | 16 State wages, tips, etc. | 17 State income tax | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Copy 2, To Be Filed With Employee's State, OMB No. 2020 City, or Local Income Tax Return 1545-0008 a. Employee soc. Sec. No. 1 Wages, tips, other comp. 79680.00 2 Federal income tax withheld 10591.56820-51-6811 4 Social security tax withheld 3 Social security wages 13120.00 813.44 b. Employer ID no. (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 05-0535386 13120.00 190.24 c. Employer's name, address, and ZIP code TECHSTAR CONSULTING INC 222 LAS COLINAS BLVD W SUITE 540 IRVING TX 75039 d. Control number 000000005 e. Employee's name, address and ZIP code SAHITYA AMBATI 13005 SANCTUARY COVE DR UNIT 104 TEMPLE TERRACE FL 33637 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See instr. for box 12 13 Statutory employee 14 Other 12b Code Retirement plan 12c Code Third-party sick pay 12d Code 15 State Employer State ID# 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

| Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return. | | 2020 OMB No. 1545-0008 | | | |
|---|--|--|--|--|--|
| a. Employee soc. Sec. No. | 1 Wages, tips, other comp. 79680.00 | 2 Federal income tax withheld 10591.56 | | | |
| 820-51-6811 | 3 Social security wages | 4 Social security tax withheld 813.44 | | | |
| b. Employer ID no. (EIN) | 13120.00 | 813.44 | | | |
| 05-0535386 | 5 Medicare wages and tips 13120.00 | 6 Medicare tax withheld 190.24 | | | |
| c. Employer's name, address, and ZIP | code | | | | |
| TECHSTAR CONSULTIN | NG INC | | | | |
| 222 LAS COLINAS BLVD W SUITE 540 | | | | | |
| IRVING TX 75039 | | | | | |
| d. Control number 000000005 | | | | | |
| e. Employee's name, address and ZIP code SAHITYA AMBATI | | | | | |
| 13005 SANCTUARY COVE DR UNIT 104 | | | | | |
| TEMPLE TERRACE FL 33637 | | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See instr. for box 12 | | | |
| 13 Statutory employee | 14 Other | 12b Code | | | |
| Retirement plan | - | 12c Code | | | |
| Third-party sick pay | - | 12d Code | | | |
| | | | | | |
| 15 State Employer State ID# | 16 State wages, tips, etc. | 17 State income tax | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Form W-2 Wage 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.

Dept. of the Treasury - IRS