Copy B To Be FEDERAL Tax	Filed v Return	vith Emp	oloyee's		<b>20</b> 2 OM	<b>20</b> B No. 1545-0008
a Employee's SSN		ges, tips, ot		<b>2</b> F	edera	l income tax withheld 14407.00
709-61-073	3 Soc	ial security		4 8	ocial	security tax withheld
<b>b</b> Employer ID no. (EIN)	5 Med	dicare wage		6 1	/ledica	re tax withheld
45-283447	5	· ·	97266.72		100100	1410.37
c Employer's name, VERNUS T	address, ECHN(	and ZIP cod OLOGII	e ES INC			
1700 OAK	TRE	E ROAI	STE 5H			
EDISON					NJ	08820
d Control number						
e Employee's name TRINATH 3312 S C KENTWOOD	PENTA	AKOTA			MI	Suff. 49512
7 Social security tips 8 Allocate			ted tips 9			
0 Dependent care be	enefits	11 Nonqua	lified plans			ode See inst. for box 12
13	<b>14</b> C	ther		1	1 <b>2b</b> C	ode
Statutory employee					12c C	ode
Retirement Plan					12d C	nde
Third-party sick pay						
MI 45-283	34475		972	66.	72	3898.30
15 State Employer'	s state ID	number	16 State wages, t	ips, e	tc.	17 State income tax
18 Local wages, tips,		19 Local in	ncome tax	2	0 Loca	ality name
9726	6.72		0.0	-	ΜI	- C
			0.0	0	ΜI	
Form W-2 Wage and This information is being f	Tax State	ment				Dept. of the Treasury - IF

Form W-2 Wage and Tax Statement

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020  OMB No. 1545-0008								
a Employee's SSN	1 Wag	es, tips, otl	ner comp. 97266.72	2 Fede	ral income	e tax withheld 14407.00		
709-61-0730	3 Soci	al security		4 Socia	al security	tax withheld		
<b>b</b> Employer ID no. (EIN)			97266.72			6030.54		
45-2834475	5 Med	icare wage	s and tips 97266.72	6 Medi	care tax w	ithheld 1410.37		
c Employer's name, ad VERNUS TEC	dress, a	nd ZIP cod	S INC					
1700 OAK 5	ree	ROAL	STE 5H					
EDISON					NJ 08820			
d Control number								
e Employee's name, ac	ldress, a	and ZIP co	de			Suff.		
TRINATH PH 3312 S CRI KENTWOOD			APT 102	MI	495	512		
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care benefits		11 Nonqua	12a	12a Code See inst. for box 12				
				DD 2007.10				
13 Statutory employee	<b>14</b> Ot	ner		120	Code			
				12c	Code			
Retirement Plan				12d	Code			
Third-party sick pay								
MI 45-2834	475		9726	6.72	2	3898.30		
15 State Employer's state	e ID nur	nber	16 State wages, tip	os, etc.	<b>17</b> Stat	e income tax		
18 Local wages, tips, etc	).	<b>19</b> Local ir	come tax	<b>20</b> Loca	lity name			
97266	.72		0.00	MI	– C			
i			0.00	ΜI	– C			

rm W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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 fall to report it.

				ilis iliculle is laxable a	iliu you lali ic	report it.		
Copy (See	C For EMI Notice to E	PLOY! mploy	EE'S RE /ees).	CORDS.	<b>20</b> OM	<b>20</b> IB No. 1545-00	008	
	loyee's SSN		es, tips, ot	ner comp.	2 Federa	al income tax w	vithheld	
			97266.72		14407.00			
709-	-61-0730	3 Social security wages			4 Social security tax withheld			
<b>b</b> Emplo	yer ID no. (EIN)			97266.72	6030.54			
	. , ,	5 Medicare wages and tips			6 Medicare tax withheld			
45-2	2834475			97266.72		410.37		
c Empl	loyer's name, ac RNUS TE	dress, a	and ZIP cod LOGIE	e ES INC				
17	00 OAK	TREE	ROAI	STE 5H				
ED	ISON				NJ	08820		
<b>d</b> Cont	rol number							
	12 S CR NTWOOD	EEK	DR SE	E APT 102	MI	49512		
7 Social security tips 8 Allocat			ed tips	9				
10 Dependent care benefits 11 Nonqu		lified plans 12a Code See DD			for box 12			
13 14 Other			her		<b>12b</b> C	ode		
Statutory employee				120 0	ada			
Retirement Plan			12c Code					
Third-nart	v sick nav				<b>12d</b> C	ode		
Third-party sick pay						1 2	200 20	
MI	45-2834	44/5		9/26	66.72	38	398.30	
15 State	Employer's sta	te ID nur	mber	16 State wages, ti	ps, etc.	17 State inco	me tax	
18 Local wages, tips, etc. 97266.72 19 Local inc				ncome tax	20 Localit	ty name		
	J1200	• 12			MT -	•		
			ı	0 00	I IVI I -	_ ( '		

REV 12/22/20 QBDT

City or Local Inc	iled With Emp	oloyee's State		<b>20</b> B No. 1545-0008	
	1 Wages, tips, ot			I income tax withheld	
a Employee's SSN	0 , 1 ,	97266.72	14407.0		
709-61-0730	3 Social security			security tax withheld	
<b>b</b> Employer ID no. (EIN)		97266.72		6030.54	
C Linployer ID IIo. (LIN)	5 Medicare wage	care wages and tips		re tax withheld	
45-2834475		97266.72		1410.37	
c Employer's name, ad VERNUS TE	CHNOLOGI	ES INC			
EDISON			NJ	08820	
d Control number			-,0		
e Employee's name, ac		de		Suff.	
3312 S CR	EEK DR SI	E APT 102			
KENTWOOD		MI	49512		
7 Social security tips	8 Allocate	8 Allocated tips			
10 Dependent care bene	efits 11 Nongua	alified plans	<b>12a</b> Co	ode See inst. for box 12	
10 Dependent care bene	fits 11 Nonqua	alified plans		ode See inst. for box 12 DD 2007.10	
13	fits 11 Nonqua	alified plans		DD 2007.10	
10 Dependent care bene 13 Statutory employee	·	alified plans	Ι	DD 2007.10 ode	
13	·	alified plans	12b Cc	DD 2007.10 ode	
13 Statutory employee	·	alified plans	12b Co	DD 2007.10 ode	
13 Statutory employee Retirement Plan	14 Other		12b Cc	DD 2007.10 ode	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Cc 12c Cc 12d Cc	DD 2007.10  ode  ode  ode	
13 Statutory employee Retirement Plan Third-party sick pay  MI 45-2834	14 Other  14 7 5 e ID number 2. 19 Local in	9726 16 State wages, tip	12b Cc 12c Cc 12d Cc 12d Cc 20 Locality	DD 2007.10  ode  ode  ode  3898.30  17 State income tax	
13 Statutory employee  Retirement Plan  Third-party sick pay  MI 45-2834  15 State Employer's stat  18 Local wages, tips, etc.	14 Other  14 7 5 e ID number 2. 19 Local in	9726	12b Cc 12c Cc 12d Cc 12d Cc 20 Locality	DD 2007.10  ode  ode  ode  3898.30  17 State income tax y name	