Form W-2 Wage and Tax Statement 2020

0000000169-		c Employer's name, address, and ZIP code IT KEYSOURCE INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008		
b Employer's identification number a Em	ployee's social security number	11220 ELM LANE SUITE 204	* * *			
	840-68-8498	CHARLOTTE NC 28277		1 Wages, tips, other compensation 79951.65	2 Federal income tax withheld 10651.33	
13 Statutory Retirement plan	Third-party sick pay		(3 Social security wages	4 Social security tax withheld	
12 See Instrs. for Box 12 14 Other	er	e Employee's name, address, and ZIP code NITHIN VEERLA		5 Medicare wages and tips	6 Medicare tax withheld	
		14239 VALLEYVIEW RD		7 Social security tips	8 Allocated tips	
		EDEN PRAIRIE MN 55344		10 Dependent care benefits	11 Nonqualified plans	
15 State Employer's state ID No.		A CONTRACTOR CONTRACTO	18 Local wages, tips, 6	etc. 19 Local income tax	20 Locality name	
MN 3261536		79951.65 4787.39	in the second	g la so o see		

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.

Form W-2 Wage and Tax Statement 2020

Copy B, to be filed with employees FEDERAL tax return

d Control number 0033-18010313 Void 0000000169-				c Employer's name, address, and ZIP code IT KEYSOURCE INC			Department of the Treasury - Internal Revenue Service			
b Employer's identification number a Employee's social security num 27 - 1 05 4 8 9 2 8 4 0 - 68 - 8 4 9 8 13 Statutory Retirement Third-party			8498 Third-party	11220 ELM LANE SUITE 204 CHARLOTTE NC 28277			1 Wages, tips, other compensation 79951.65 3 Social security wages		2 Federal income tax withheld 10651.33	
employée plan sick pây 12 See Instrs. for Box 12 14 Other				e Employee's	name, address, and ZIP code		5 Medicare wages and tips 6 Medicare tax with			
				NITHIN VEERLA 14239 VALLEYVIEW RD APT 304			7 Social security tips		8 Allocated tips	
					IRIE MN 55344		то ререг	ndent care benefits	11 Nonqualified plans	
5 State		10 00 00	liges, tips, etc. 17 State income tax 18 Local wages, tip 79951.65 4787.39			etc.	19 Local income tax	20 Locality name		

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.

Form W-2 Wage and Tax Statement 2020

Copy 2, to be filed with employees tax return for MN

	0000	-18010313 000169-		c Employer's name, address, and ZIP code IT KEYSOURCE INC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number 27-1054892 Reployee's social security number 840-68-8498 13 Statutory Retirement Third-party sick pay			11220 ELM LANE SUITE 204 CHARLOTTE NC 28277			1 Wages, tips, other compensation 79951.65 3 Social security wages		2 Federal income tax withheld 10651.33 4 Social security tax withheld		
12 See Instrs. for Box 12 14 Other				NITHIN VEERLA 14239 VALLEYVIEW RD			5 Medicare wages and tips 7 Social security tips		6 Medicare tax withheld 8 Allocated tips	
							10 Dependent care benefits		11 Nonqualified plans	
15 State MN				nges, tips, etc. 17 State income tax 18 Local wages, tips, 79951.65 4787.39			etc.	19 Local income tax	20 Locality name	

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Form W-2 Wage and Tax Statement 2020

d Control number Void X b Employer's identification number 1a Employee's social security number					c Employer's name, address, and ZIP code			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
D	Employor 3 tooluncar	ion number	a Linployee	5 SOCIAL SCURITY HUMBER				1 Wages	, tips, other compensation	2 Federal income tax withheld	
13	Statutory employee	Retire plan	ement	Third-party sick pay				3 Social	security wages	4 Social security tax withheld	
12	See Instrs. for	Box 12 1	4 Other		e Employee's	name, address, and ZIP co	de	5 Medic	are wages and tips	6 Medicare tax withheld	
		-						7 Social	security tips	8 Allocated tips	
					. ×			10 Depen	dent care benefits	11 Nonqualified plans	
_	A		With the Street Control								
15	State Emplo	yer's state	ID No.	16 State wag	jes, tips, etc.	17 State income tax	18 Local wages, tips,	etc.	19 Local income tax	20 Locality name	
			-	_ =							