| Copy B To Be Filed W FEDERAL Tax Return                          |                              |                     | 2020                    | OMB No.<br>1545-0008     |  | To Be Filed W<br>Local Income                        |                           | oloyee's State,             | 2020              | OMB No.<br>1545-0008           |  |  |
|--|------------------------------|---------------------|-------------------------|--------------------------|--|--|---------------------------|-----------------------------|-------------------|--------------------------------|--|--|
| a. Employee's SSN  | 1 Wages, tips, other         |                     | ederal income ta        | x withheld               | a. Employ  |  |                           | es,tips, other comp.        | 2 Federal incor   | ne tax withheld                |  |  |
| XXX-XX-7755  | 3 Social security wa         | 0633.24             | ocial security tax      | 5193.01                  | XXX-X  | XX-7755  | 3 Socia                   | 60633.24                    | 4 Social securit  | 5193.01                        |  |  |
| b. Employer ID number  |                              |                     |                         |                          | b. Emplo   | b. Employer ID number                                |                           |                             |                   | 4 Social security tax withheld |  |  |
| 82-2316678   | 9                            |                     | 6 Medicare tax withheld |                          | 82-2   | 316678   | 5 Medicare wages and tips |                             |                   | 6 Medicare tax withheld        |  |  |
| c. Employer's name, addre  | ss , and ZIP code            |                     |                         |                          | c. Emplo   | yer's name, addres                                   | ss, and ZII               | P code                      |                   |                                |  |  |
| NORTEK CONSU   | TING INC                     |                     |                         |                          | NOR'   | TEK CONSUI   | TING                      | TNC                         |                   |                                |  |  |
| 2300 Valley  |                              | 825                 |                         |                          | <b>I</b>   |  |                           | In Ste 825                  |                   |                                |  |  |
| Irving, TX 7   |                              |                     |                         |                          | Irv  | ing, TX 75   | 062                       |                             |                   |                                |  |  |
| d. Control number  |                              |                     |                         |                          | d. Contro  | I number   |                           |                             |                   |                                |  |  |
| 11   | . 710                        |                     |                         |                          | 11   |  |                           |                             |                   |                                |  |  |
| e. Employee's name, address, and ZIP code Sai krishna C Narra    |                              |                     |                         |                          | e. Employee's name, address, and ZIP code<br>Sai krishna C Narra |  |                           |                             |                   |                                |  |  |
| 1594 w secret  | garden pla                   | ace                 |                         |                          | 159  | 4 w secret   | gard                      | den place                   |                   |                                |  |  |
| apt-314  | - 04104                      |                     |                         |                          | _  | -314   | - 0416                    |                             |                   |                                |  |  |
| Salt Lake, U   |                              |                     |                         |                          |  | t Lake, UI   |                           |                             |                   |                                |  |  |
| 7 Social security tips   | 8 Allocated tip              | s                   |                         |                          | 7 Social   | security tips  |                           | 8 Allocated tips            |                   |                                |  |  |
| 10 Dependent care benefits                                       | 11 Nonqualified              | plans 1             | 12a Code See in         | st. for box 12           | 10 Depen   | dent care benefits                                   | 1                         | 1 Nonqualified plans        | 12a Code S        | ee inst. for box 12            |  |  |
| 13 Statutory employee 1  | 4 Other                      | 1                   | 12b Code                |                          | 13 Statuto   | ry employee  | 14 Other                  |                             | 12b Code          |                                |  |  |
| Retirement plan  |                              | 1                   | 12c Code                |                          | Re   | Retirement plan                                      |                           |                             |                   | 12c Code                       |  |  |
| Third party sick pay   | Third party sick pay         |                     | 12d Code                |                          | Thir   | Third party sick pay                                 |                           |                             |                   | 12d Code                       |  |  |
| UT   1490975200  | 3WTH                         | 60633.24            | :                       | 2978.99                  | UT   | 149097520  | 003WTH                    | f 60633.                    | 24                | 2978.99                        |  |  |
| 15 State Emplr.'s state II                                       | 16 State W                   | /ages, tips, etc.   | 17 State incom          | o tov                    | 15 State   | Emplr.'s state II                                    | D #                       | 16 State wages, tips, etc.  | 17 State is       | ncome tax                      |  |  |
| 18 Local wages, tips,etc.  | 19 Local income              |                     | 20 Locality name        | e lax                    |  | wages, tips, etc.                                    |                           | 9 Local income tax          | 20 Locality       |                                |  |  |
|  |                              |                     |                         |                          |  |  |                           |                             |                   |                                |  |  |
| For m W-2 Wage and Tax S   |                              |                     | Dept. of the Tr         |                          | Form \   | V-2 Wage and Tax                                     | State ment                | t                           | Dept. of the      | e Treasur y IRS                |  |  |
| This information is being  | furnished to the Inte        | rnal Revenue Servio | ce.                     | 39-1908647               |  |  |                           |                             |                   | 39-190864                      |  |  |
|  |                              |                     |                         | _                        |  |  |                           |                             |                   |                                |  |  |
| This information is being penalty/other sanction may             |                              |                     |                         |                          | AW   | W2-B22C  | Copyr                     | ight AccountantsWorld, 2004 |                   |                                |  |  |
| Copy C For EMPLOYE   | E'S RECORDS                  |                     | 2020                    | OMB No.                  |  | To Be Filed W  |                           |                             | 2020              | OMB No.                        |  |  |
| a. Employee's SSN  | yee)<br>1 Wages, tips, other | comp. 2 Fe          | ederal income ta        | 1545-0008<br>ix withheld | a. Employ  | Local Income<br>ree's SSN                            |                           |                             |                   | 1545-0008<br>ne tax withheld   |  |  |
| XXX-XX-7755  |                              | 50633.24            |                         | 5193.01                  | XXX-X  | XX-7755  |                           | 60633.24                    |                   | 5193.01                        |  |  |
| b. Employer ID number  | 3 Social security wa         | iges 4 Sc           | ocial security tax      | withheld                 | b. Emplo   | yer ID number  | 3 Socia                   | I security wages            | 4 Social security | tax withheld                   |  |  |
|  | 5 Medicare wages ar          | nd tips 6 M         | ledicare tax with       | held                     |  |  | 5 Medio                   | care wages and tips         | 6 Medicare tax    | w ith he I d                   |  |  |
| 82-2316678 c. Employer's name, address, and ZIP code             |                              |                     |                         |                          |  | 82-2316678 c. Employer's name, address, and ZIP code |                           |                             |                   |                                |  |  |
|  |                              |                     |                         |                          |  |  | •                         |                             |                   |                                |  |  |
| NORTEK CONSULTING INC 2300 Valley View Ln Ste 825                |                              |                     |                         |                          | NORTEK CONSULTING INC 2300 Valley View Ln Ste 825                |  |                           |                             |                   |                                |  |  |
| Irving, TX 75062   |                              |                     |                         |                          | Irving, TX 75062   |  |                           |                             |                   |                                |  |  |
| d. Control number  |                              |                     |                         |                          | d. Control   | number   |                           |                             |                   |                                |  |  |
| 11   |                              |                     |                         |                          | 11   |  |                           |                             |                   |                                |  |  |
| e. Employee's name, address, and ZIP code<br>Sai krishna C Narra |                              |                     |                         |                          | e. Employee's name, address, and ZIP code<br>Sai krishna C Narra |  |                           |                             |                   |                                |  |  |
| 1594 w secret  | garden pla                   | ace                 |                         |                          |  | 4 w secret   | gard                      | den place                   |                   |                                |  |  |
| apt-314  | n 04104                      |                     |                         |                          | -  | -314   | . 0410                    | ) <i>A</i>                  |                   |                                |  |  |
| Salt Lake, U. 7 Social security tips                             | 8 Allocated tip              | s <b>F</b>          |                         |                          |  | t Lake, UI   |                           | 3 Allocated tips            | _                 |                                |  |  |
| 10 Dependent care benefit  | s 11 Nonqualified            | nlans 1             | 12a Code See in         | st for hox 12            |  | dent care benefits                                   | 11                        | Nonqualified plans          | 12a Code Se       | ee inst. for box 12            |  |  |
|  |                              | pians               | 12a Code Gee III        | 31. 101 00x 12           | то Береп   | dent care benefits                                   |                           | i Nonquanneu pians          | 12a Code Se       | e ilist. for box 12            |  |  |
| 13 Statutory employee 14   | 1 Other                      | 1                   | 12b Code                |                          | 13 Statut  | ory employee   | 14 Other                  |                             | 12b Code          |                                |  |  |
| Retirement plan  |                              | 1                   | 12c Code                |                          | Ret  | irement plan   |                           |                             | 12c Code          |                                |  |  |
| Third party sick pay   |                              | 1                   | 12d Code                |                          | Third  | d party sick pay                                     |                           |                             | 12d Code          |                                |  |  |
| UT 1490975200  | 3WTH                         | 60633.24            | :                       | 2978.99                  | UT   | 149097520  | 003WTH                    | H 60633.                    | 24                | 2978.99                        |  |  |
| <br>  15 State   Emplr.'s state                                  | D#16 State w                 | ages, tips, etc.    | 17 State incom          | e tax                    | 15 State   | Emplr.'s state II                                    | ) #                       | 16 State wages, tips, etc.  | 17 State in       | come tax                       |  |  |
| 18 Local wages, tips, etc.                                       | 19 Local income              |                     | 20 Locality name        |                          | 18 Local   | wages, tips, etc.                                    | 19                        | Local income tax            | 20 Locality       | name                           |  |  |
|  |                              |                     |                         |                          |  |  |                           |                             |                   |                                |  |  |
| Form W-2 Wage and Tax  | Statement                    | 39-1908647          | Dept. of the T          | reasury IRS              | Form   | W-2 Wage and Tax                                     | Statemen                  | nt 39-1908647               | Dept. of th       | e Treasury IRS                 |  |  |

OMB No.

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