Copy B To Be Filed with Employee's FEDERAL Tax Return.	2020 OMB No. 1545-0008	Copy 2 To Be File City, or Local Inco	d With Employee's	2020 OMB No. 1545-0008
	2 Federal income tax withheld 5772.00	a Employee's SSN	Wages, tips, other comp. 46650 Social security wages	2 Federal income tax withheld
b Employer ID no. (EIN) 82 - 3618722 5 Medicare wages and tips	6 Medicare tax withheld	82-3618722	Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address, and ZIP code LEMON HAT CORPORATION 1481 PERALTA BLVD FREMONT	CA 94536	c Employer's name, addre LEMON HAT C 1481 PERALT	CORPORATION	CA 94536
d Control number	CA 94536	d Control number		CA 94536
e Employee's name, address, and ZIP code VISHNU VARMA SAGIRAJU 854 DURSHIRE WAY SUNNYVALE	Suff. CA 94087	e Employee's name, addr VISHNU VARM 854 DURSHIR SUNNYVALE	MA SAGIRAJU	Suff. CA 94087
7 Social security tips 8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	s 11 Nonqualified plan	s 12a Code See inst. for box 12
13 14 Other Statutory employee CA – SDI 4 6 6 . 5 0 Retirement Plan Third-party sick pay	12b Code 12c Code 12d Code		14 Other CA-SDI 4	12b Code 12c Code 12d Code
CA 090-0194-2 4665	0.00 2007.09	CA 090-0194	-2	46650.00 2007.09
15 State Employer's state ID number 16 State wages, tip	s, etc. 17 State income tax	15 State Employer's state II	D number 16 State	wages, tips, etc. 17 State income tax
18 Local wages, tips, etc. 19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Tax S	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 fail to report it.

Copy C For EMI (See Notice to E			2020 OMB No. 1545-0008			
a Employee's SSN	1 Wages, tips	s, other comp.	2 Fe	edera	I income tax withheld	
		46650.00			5772.00	
204-96-9082	3 Social secu	irity wages	4 Sc	ocial s	security tax withheld	
b Employer ID no. (EIN)						
82-3618722	5 Medicare w	ages and tips	6 M	re tax withheld		
c Employer's name, ac LEMON HAT	ddress, and ZIP CORPOR	code ATION				
1481 PERA	LTA BLV	'D				
FREMONT	94536					
d Control number						
e Employee's name, a VISHNU VA 854 DURSH SUNNYVALE	RMA SAG	SIRAJU	(CA	Suff. 94087	
7 Social security tips 8 Allocat		ocated tips	9			
10 Dependent care benefits 11 Nonqui		nqualified plans	alified plans 1		12a Code See inst. for box 12	
13	14 Other		1 -	12b Code		
Statutory employee	CA-SDI	466.5		2c Co	nde	
Retirement Plan						
Third-party sick pay			1	2d Co	ode	
CA 090-019	466	46650.		2007.09		
15 State Employer's star	te ID number	16 State wages,	tips, etc	o	17 State income tax	
18 Local wages, tips, et	c. 19 Loc	cal income tax	20 L	ocality	y name	

Form W-2 Wage and Tax Statement

REV 12/22/20 QBDT

Copy 2 To Be					
City, or Local II	ncome Tax Re		OM	B No. 1545-0008	
a Employee's SSN	1 Wages, tips, o			2 Federal income tax withheld	
		46650.00		5772.00	
204-96-9082	3 Social securit	y wages	4 Social	security tax withheld	
b Employer ID no. (EIN)					
	5 Medicare was	ges and tips	6 Medica	re tax withheld	
82-3618722					
c Employer's name, a LEMON HA	r corpora	ATION			
1481 PERA	ALTA BLVD)			
FREMONT			CA	94536	
d Control number					
e Employee's name, VISHNU VA 854 DURSI	ARMA SAGI			Suff.	
SUNNYVALI	€		CA	94087	
7 Social security tips 8 Allocated		ated tips	9		
Dependent care benefits 11 Nonqualif			12a Code See inst. for box 12		
10 Dependent care be	nefits 11 Nonq	ualified plans	12a Co	ode See inst. for box 12	
13	nefits 11 Nonqu	ualified plans	12a Co		
	· ·		12b Co	ode	
13	14 Other		12b C	ode	
13 Statutory employee Retirement Plan	14 Other		12b Co	ode	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other CA – SDI		12b Cc	ode	
13 Statutory employee Retirement Plan	14 Other CA – SDI	466.50	12b Cc	ode ode	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other CA - SDI	466.50	12b Co 12c Co 12d Co	ode ode	
13 Statutory employee Retirement Plan Third-party sick pay CA 090-01	14 Other CA - SDI 94 - 2 ate ID number	466.50 4665 16 State wages, tip	12b Co 12c Co 12d Co	ode ode 2007.09	
13 Statutory employee Retirement Plan Third-party sick pay CA 090-01 15 State Employer's st	14 Other CA - SDI 94 - 2 ate ID number	466.50	12b Co 12c Co 12d Co 0 . 0 0	ode ode 2007.09	