Form W-2 Wage and Tax Statement	2020		7 Social security tips		1 Wages, tips, other comp	ensation	2 Federa	I income t	ax withheld 3772.58
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages		4 Social	security ta	x withheld
MODIS, INC 175 BROADHOLLOW RD			9		5 Medicare wages and tips	70.00	6 Medica	re tax with	2478.14 nheld
SUITE 200			10 Dependent care benefits		399	70.00	<b>12a</b> See	instructio	579.57 ns for box 12
MELVILLE NY 11747				narty			0 0 0		
e Employee's name, address, and ZIP code			13 Statutory Retirement Third- sick pa	ay	14 Other		12b		
JAYA LEKSHMI JAYAPRAKASH			<b>b</b> Employer identification number 65-000600	r (EIN)			12c		
624 LEGACY CT UNIT 162			a Employee's social security nun	nber	1		12d	l	
WINTERVILLE NC 28590-1229			733-81-2779		Į		ode		
15 State Employer's state ID number WI 036000053070304	16 State wages, tips, etc. 39970		17 State income tax 2336.35	18 Loc	cal wages, tips, etc.	19 Local inc	come tax		20 Locality name
Copy B-To Be Filed With Employee's FE	DERAL Tax Return	1 7	This information is being furnished to	the Inte	ernal Revenue Service. OMB No. 1545-0008	ı			Treasury - IRS site at www.irs.gov/efi
				This inf		Internal Revenue			-
			7 Social security tips	neglige	formation is being furnished to the ence penalty or other sanction may  1 Wages, tips, other comp				ole and you fail to report it
Form W-2 Wage and Tax Statement	t 2020		, ,		399	970.00			3772.58
c Employer's name, address, and ZIP code MODIS, INC			8 Allocated tips		3 Social security wages 39970.00		4 Social security tax withheld 2478.14		
175 BROADHOLLOW RD			9		5 Medicare wages and tips		6 Medica	re tax with	nheld 579.57
SUITE 200			10 Dependent care benefits		11 Nonqualified plans	970.00	<b>12a</b> See	instructio	ns for box 12
MELVILLE NY 11747  e Employee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick p.	party	14 Other		12b		
JAYA LEKSHMI JAYAPRAKASH			<b>b</b> Employer identification number		-		12c		
624 LEGACY CT			65-0000600	, ,			Code		
UNIT 162			<b>a</b> Employee's social security nun 733-81-2779	nber			12d		
WINTERVILLE NC 28590-1229				10.1				1	00 1 124
<b>15</b> State Employer's state ID number WI 036000053070304	16 State wages, tips, etc.		17 State income tax 2336.35	18 Loc	cal wages, tips, etc.	19 Local in	come tax		20 Locality name
Copy C-For EMPLOYEE'S RECORDS (Se	e Notice to Employe	ee on t	he back of Conv. B.)	OM	MB No. 1545-0008		Dept.	of the	Treasury - IRS
(00			Sack 6. Copy 2.,						site at www.irs.gov/efi
Form W-2 Wage and Tax Statement	2020		7 Social security tips		1 Wages, tips, other comp	ensation 970.00	2 Federa	I income t	ax withheld 3772.58
c Employer's name, address, and ZIP code				$\neg \neg$	3 Social security wages	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 Conint		
			8 Allocated tips	- 1		270 00	4 Social :	security ta	x withheld
MODIS, INC			8 Allocated tips		5 Medicare wages and tips	970.00	6 Medica		x withheld 2478.14 hheld
MODIS, INC 175 BROADHOLLOW RD SUITE 200			9		5 Medicare wages and tips				x withheld 2478.14
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747			9 10 Dependent care benefits		5 Medicare wages and tipe 399 11 Nonqualified plans	3	6 Medica		x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code			9	party ay	5 Medicare wages and tips	3	6 Medica		x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH			9 10 Dependent care benefits  13 Statutory Petirement Third-girls Sick pi		5 Medicare wages and tipe 399 11 Nonqualified plans	3	6 Medica		x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code			9 10 Dependent care benefits  13 Statutory Peterment Third-glan Sick pi	r (EIN)	5 Medicare wages and tipe 399 11 Nonqualified plans	3	6 Medica		x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT			10 Dependent care benefits  13 Statutory Retirement Third-plan sick pi  b Employer identification number 65-0000600	r (EIN)	5 Medicare wages and tipe 399 11 Nonqualified plans	3	12a 12b 12c 2		x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number	16 State wages, tips, etc.		10 Dependent care benefits  13 Statutory Retirement Third-sick pi  b Employer identification number 65-0000600 a Employee's social security nun 733-81-2779  17 State income tax	r (EIN)	5 Medicare wages and tipe 399 11 Nonqualified plans	3	12a 12b 12c 12c 12d 12d	re tax with	x withheld 2478.14 hheld
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304	39970	0.00	10 Dependent care benefits  13 Statutory Plan Sick pinch Sick pinch Sick pinch Plan Sick pinch Sick	r (EIN)	5 Medicare wages and tipe 39 11 Nonqualified plans 14 Other  cal wages, tips, etc.	970.00	12a	re tax with	x withheld 2478.14 aheld 579.57
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number	39970	0.00	10 Dependent care benefits  13 Statutory Plan Sick pinch Sick pinch Sick pinch Plan Sick pinch Sick	r (EIN)	5 Medicare wages and tip: 39 11 Nonqualified plans 14 Other	970.00	12a	re tax with	x withheld 2478.14 held 579.57
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304	39970	0.00	10 Dependent care benefits  13 Statutory Plan Sick pinch Sick pinch Sick pinch Plan Sick pinch Sick	r (EIN)	5 Medicare wages and tipe 39 11 Nonqualified plans 14 Other  cal wages, tips, etc.	970.00	12a	re tax with	x withheld 2478.14 aheld 579.57
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229 15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's Sta	39970 te, City, or Local Ir	0.00	10 Dependent care benefits  13 Statutory Plan Sick pinch Sick pinch Sick pinch Plan Sick pinch Sick	r (EIN)	5 Medicare wages and tip: 39 11 Nonqualified plans 14 Other  cal wages, tips, etc.	19 Local inc	12a 12b 12c 12c 12d 12c 12d 12c 12d	re tax with	x withheld 2478.14  held 579.57  20 Locality name  Treasury - IRS  ax withheld
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Petirement Third-sick pi  b Employer identification number 65-0000600 a Employee's social security nun 733-81-2779  17 State income tax 2336.35  Tax Return	r (EIN)	5 Medicare wages and tip: 39 11 Nonqualified plans 14 Other  cal wages, tips, etc.	970.00	12a 2 3 12b 2 12c 2 3 12d 2 2 Federa	of the	x withheld 2478.14 sheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229 15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's Sta	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Betirement Sick pin sic	r (EIN)	5 Medicare wages and tip: 39! 11 Nonqualified plans  14 Other  Cal wages, tips, etc.  1 Wages, tips, other comp 39! 3 Social security wages 399	19 Local inc	12a c 2	of the	2478.14  2478.14  sheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747  e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement C Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Petirement Third-sick pi  b Employer identification number 65-0000600 a Employee's social security nun 733-81-2779  17 State income tax 2336.35  Tax Return	r (EIN)	5 Medicare wages and tip: 39! 11 Nonqualified plans  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39! 3 Social security wages 395 5 Medicare wages and tips	19 Local inc	12a 2 3 12b 2 12c 2 3 12d 2 2 Federa	of the	2478.14  2478.14  sheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747  e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD SUITE 200	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Betirement Sick pin sic	r (EIN)	5 Medicare wages and tip: 39! 11 Nonqualified plans  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39! 3 Social security wages 395 5 Medicare wages and tips	19 Local inc	12a c 2	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747  e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement C Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Petirement Sick pin Sic	r (EIN) mber  18 Loc OM	5 Medicare wages and tip: 39 11 Nonqualified plans 14 Other  cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39 2 3 Social security wages 39 9 5 Medicare wages and tip: 39 9	19 Local inc	12a 12b 12c 12c 12c 12c 12c 12c 12c 12d	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld
175 BROADHOLLOW RD SUITE 200  MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Peterment Third-sick pines of sick pines of	om (EIN)	5 Medicare wages and tip: 39: 11 Nonqualified plans  14 Other  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39: 3 Social security wages 39: 5 Medicare wages and tips: 3 9: 11 Nonqualified plans	19 Local inc	12a 12b 12c 12c 12c 12d	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229 15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT	39970 te, City, or Local Ir	0.00	9 10 Dependent care benefits  13 Statutory Petirement Sick pi b Employer identification number 65-0000600 a Employee's social security nun 733-81-2779  17 State income tax 2336.35  Tax Return  7 Social security tips 8 Allocated tips 9 10 Dependent care benefits  13 Statutory Petirement Sick pi employee Betirement Third- plan Statutory Sick pi b Employer identification number 65-0000600	om o	5 Medicare wages and tip: 39: 11 Nonqualified plans  14 Other  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39: 3 Social security wages 39: 5 Medicare wages and tips: 3 9: 11 Nonqualified plans	19 Local inc	12a	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229  15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162	39970 te, City, or Local Ir	0.00	10 Dependent care benefits  13 Statutory Petirement Sick pi si	om o	5 Medicare wages and tip: 39: 11 Nonqualified plans  14 Other  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39: 3 Social security wages 39: 5 Medicare wages and tips: 3 9: 11 Nonqualified plans	19 Local inc	12a 12b 12c	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld
175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code  JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT UNIT 162 WINTERVILLE NC 28590-1229 15 State Employer's state ID number WI 036000053070304  Copy 2-To Be Filed With Employee's State  Employer's name, address, and ZIP code MODIS, INC 175 BROADHOLLOW RD SUITE 200 MELVILLE NY 11747 e Employee's name, address, and ZIP code JAYA LEKSHMI JAYAPRAKASH 624 LEGACY CT	39970 te, City, or Local Ir	ncome	9 10 Dependent care benefits  13 Statutory Petirement Sick pin sic	T (EIN) Ther  The Local Company The Compan	5 Medicare wages and tip: 39: 11 Nonqualified plans  14 Other  14 Other  Cal wages, tips, etc.  B No. 1545-0008  1 Wages, tips, other comp 39: 3 Social security wages 39: 5 Medicare wages and tips: 3 9: 11 Nonqualified plans	19 Local inc	12a   12b   12c   12c   12d   12d	of the	2478.14  nheld 579.57  20 Locality name  Treasury - IRS  ax withheld 3772.58  x withheld 2478.14  nheld