



|   |                                 |                            |                   |  |  |
|---|---------------------------------|----------------------------|-------------------|--|--|
| Employee Reference Copy   |                                 | Wage and Tax Statement     |                   | 2020                                     |  |
| Copy C for employee's records. OMB No. 1545-0008                          |                                 |                            |                   |  |  |
| d Control number  | Dept.                           | Corp.                      | Employer use only |  |  |
| 000056  | R6/DLQ                          |                            | A 7               |  |  |
| c Employer's name, address, and ZIP code                                  |                                 |                            |                   |  |  |
| IT CORPZ INC<br>1900 WEST RIDGE DR<br>IRVING, TX 75063                    |                                 |                            |                   |  |  |
| Batch #90192  |                                 |                            |                   |  |  |
| e/f Employee's name, address, and ZIP code                                |                                 |                            |                   |  |  |
| ANIL KRISHNA KOKKULA<br>3224 PROSPECT PARK DR<br>RANCHO CORDOVA, CA 95670 |                                 |                            |                   |  |  |
| b Employer's FED ID number  | a Employee's SSA number         |                            |                   |  |  |
| 46-2246377  | XXX-XX-0191                     |                            |                   |  |  |
| 1 Wages, tips, other comp.  | 2 Federal income tax withheld   |                            |                   |  |  |
| 26347.50  | 3483.77                         |                            |                   |  |  |
| 3 Social security wages   | 4 Social security tax withheld  |                            |                   |  |  |
| 5 Medicare wages and tips   | 6 Medicare tax withheld         |                            |                   |  |  |
| 7 Social security tips  | 8 Allocated tips                |                            |                   |  |  |
| 9   | 10 Dependent care benefits      |                            |                   |  |  |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                   |  |  |
| 14 Other  | 12b                             | 12c                        | 12d               | 13 Stat emp Ret. plan 3rd party sick pay |  |
| 263.48 SDI  |                                 |                            |                   |  |  |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                   |  |  |
| CA  | 080-6339 8                      | 26347.50                   |                   |  |  |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                   |  |  |
| 1504.58   |                                 |                            |                   |  |  |
| 19 Local income tax   | 20 Locality name                |                            |                   |  |  |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | CA. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay          | 26,347.50                                       | 26,347.50                             | 26,347.50                      | 26,347.50                                    |
| Reported W-2 Wages | 26,347.50                                       | 0.00                                  | 0.00                           | 26,347.50                                    |

2. Employee Name and Address.

ANIL KRISHNA KOKKULA  
3224 PROSPECT PARK DR  
RANCHO CORDOVA, CA 95670

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| 46-2246377  | XXX-XX-0191                     |                            |                   |
| 7 Social security tips  | 8 Allocated tips                |                            |                   |
| 9   | 10 Dependent care benefits      |                            |                   |
| 11 Nonqualified plans   | 12a See instructions for box 12 |                            |                   |
| 14 Other  | 12b                             | 12c                        | 12d               |
| 263.48 SDI  |                                 |                            |                   |
| 13 Stat emp   | Ret. plan                       | 3rd party sick pay         |                   |
| e/f Employee's name, address and ZIP code                                       |                                 |                            |                   |
| ANIL KRISHNA KOKKULA<br>3224 PROSPECT PARK DR<br>RANCHO CORDOVA, CA 95670       |                                 |                            |                   |
| 15 State  | Employer's state ID no.         | 16 State wages, tips, etc. |                   |
| CA  | 080-6339 8                      | 26347.50                   |                   |
| 17 State income tax   | 18 Local wages, tips, etc.      |                            |                   |
| 1504.58   |                                 |                            |                   |
| 19 Local income tax   | 20 Locality name                |                            |                   |
| Federal Filing Copy   |                                 |                            |                   |
| W-2 Wage and Tax Statement  |                                 | 2020                       |                   |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 |                                 |                            |                   |

|   |                                |                            |                   |
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| 9   | 10 Dependent care benefits     |                            |                   |
| 11 Nonqualified plans   | 12a                            |                            |                   |
| 14 Other  | 12b                            | 12c                        | 12d               |
| 263.48 CA SDI   |                                |                            |                   |
| 13 Stat emp   | Ret. plan                      | 3rd party sick pay         |                   |
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| 1504.58   |                                |                            |                   |
| 19 Local income tax   | 20 Locality name               |                            |                   |
| CA.State Reference Copy   |                                |                            |                   |
| W-2 Wage and Tax Statement  |                                | 2020                       |                   |
| Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 |                                |                            |                   |

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