

|   |  |   |  |   |  |   |                   |  |  |                            |                     |                  |
|---|--|---|--|---|--|---|-------------------|--|--|----------------------------|---------------------|------------------|
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1665  |  | <b>b</b> Employer identification number<br>45-3939449 |  | <b>Copy B To Be Filed With<br/>Employee's Federal Tax Return</b>  |  |   | OMB No. 1545-0008 |  |  |                            |                     |                  |
| <b>c</b> Employer's name, address, and ZIP code<br>BENEFITS SCIENCE LLC<br>8665 NEW TRAILS DR STE 110<br><br>THE WOODLANDS TX 77381 |  |   |  | 1 Wages, tips, other compensation<br>72134.24   |  | 2 Federal income tax withheld<br>8865.80                            |                   |  |  |                            |                     |                  |
|   |  |   |  | 3 Social security wages<br>78580.43   |  | 4 Social security tax withheld<br>4871.99                           |                   |  |  |                            |                     |                  |
|   |  |   |  | 5 Medicare wages and tips<br>78580.43   |  | 6 Medicare tax withheld<br>1139.42                                  |                   |  |  |                            |                     |                  |
| <b>d</b> Control number<br>66   |  |   |  | 7 Social security tips  |  | 8 Allocated tips  |                   | 9 Verification code                        |  |                            |                     |                  |
|   |  |   |  | 10 Dependent care benefits<br>12b Code AA 362.51  |  | 11 Nonqualified plans<br>12c Code                                   |                   | 12a Code D 6446.19<br>See inst. for box 12 |  | 12d Code                   |                     |                  |
| <b>e</b> Employee's name, address and ZIP code<br>AJAI SINGH<br>24 VINE AVE<br><br>QUINCY MA 02169                                  |  |   |  | 13<br>Statutory employee <input type="checkbox"/><br>Retirement plan <input checked="" type="checkbox"/><br>Third-party sick pay <input type="checkbox"/> |  | 14 Other<br>HEALTH INS 1537.56<br>MAPFML 303.07<br>VISION INS 53.04 |                   |  |  |                            |                     |                  |
|   |  |   |  | 15 State Employer's state ID number<br>MA WTH-10371973-004  |  | 16 State wages, tips, etc.<br>72134.24                              |                   | 17 State income tax<br>3506.73             |  | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|   |  |   |  |   |  |   |                   |  |  |                            |                     |                  |

Form **W-2 Wage and Tax Statement 2020**  
This information is being furnished to the Internal Revenue Service.

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Department of the Treasury - Internal Revenue Service

|   |  |   |  |   |  |   |                   |  |  |                            |                     |                  |
|---|--|---|--|---|--|---|-------------------|--|--|----------------------------|---------------------|------------------|
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1665  |  | <b>b</b> Employer identification number<br>45-3939449 |  | <b>Copy 2 To Be Filed With Employee's<br/>State, City, or Local Tax Return</b>  |  |   | OMB No. 1545-0008 |  |  |                            |                     |                  |
| <b>c</b> Employer's name, address, and ZIP code<br>BENEFITS SCIENCE LLC<br>8665 NEW TRAILS DR STE 110<br><br>THE WOODLANDS TX 77381 |  |   |  | 1 Wages, tips, other compensation<br>72134.24   |  | 2 Federal income tax withheld<br>8865.80                            |                   |  |  |                            |                     |                  |
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| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1665  |  | <b>b</b> Employer identification number<br>45-3939449 |  | <b>Copy C For Employee's Records.</b> (See Notice on Back of Copy "B")  |  |   | OMB No. 1545-0008 |  |  |                            |                     |                  |
| This information is being furnished to the IRS. 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. |  |   |  |   |  |   |                   |  |  |                            |                     |                  |
| <b>c</b> Employer's name, address, and ZIP code<br>BENEFITS SCIENCE LLC<br>8665 NEW TRAILS DR STE 110<br><br>THE WOODLANDS TX 77381   |  |   |  | 1 Wages, tips, other compensation<br>72134.24   |  | 2 Federal income tax withheld<br>8865.80                            |                   |  |  |                            |                     |                  |
|   |  |   |  | 3 Social security wages<br>78580.43   |  | 4 Social security tax withheld<br>4871.99                           |                   |  |  |                            |                     |                  |
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