| Copy B To Be F<br>FEDERAL Tax R                           | eturn.                                |                     | <b>20</b><br>OM               | <b>20</b><br> B No. 1545-0008   | Copy<br>City,                        | or Local Inc                          | iled With E<br>come Tax    | mployee's Stat<br>Return.        |              | <b>20</b><br>IB No. 1545-0008   |  |
|---|---------------------------------------|---------------------|-------------------------------|---------------------------------|--------------------------------------|---------------------------------------|----------------------------|----------------------------------|--------------|---------------------------------|--|
| a Employee's SSN  |                                       | 89125.08            | 2 Federa                      | al income tax withheld 14163.00 |                                      | loyee's SSN                           | 0 . 1                      | s, other comp.<br>89125.08       |              | al income tax withheld 14163.00 |  |
| 897-12-8577   | 3 Social security                     | wages<br>89125.08   | 4 Social                      | security tax withheld 5525.75   |                                      |                                       | 3 Social sec               | urity wages<br>89125.08          |              | security tax withheld 5525.75   |  |
| <b>b</b> Employer ID no. (EIN) $46 - 3162107$             |                                       |                     | 6 Medica                      | 6 Medicare tax withheld 1292.31 |                                      | b Employer ID no. (EIN)<br>46-3162107 |                            | ***==****                        |              | 6 Medicare tax withheld 1292.31 |  |
| c Employer's name, ad<br>ELITE BUS                        | dress, and ZIP cod<br>INESS COI       | de<br>NSULTING      | LLC                           |                                 | c Emp<br>EL                          | loyer's name, ad<br>ITE BUS           | dress, and ZIF             | code<br>CONSULTING               | LLC          |                                 |  |
| 555 GROVE ST STE 100                                      |                                       |                     |                               |                                 | 555 GROVE ST STE 100                 |                                       |                            |                                  |              |                                 |  |
| HERNDON   |                                       |                     | VA                            | 20170                           | HERNDON VA 20170                     |                                       |                            |                                  |              |                                 |  |
| d Control number  |                                       |                     |                               |                                 | d Control number                     |                                       |                            |                                  |              |                                 |  |
| e Employee's name, ac<br>SWAMY GANG<br>7421 PLAC<br>MASON | GADHAR PA                             | AVAN VULI           |                               | Suff.<br>I<br>45050             | SW<br>74                             |                                       | GADHAR                     | Pcode<br>PAVAN VUL<br>E DR APT # |              | Suff.<br>I<br>45050             |  |
| 7 Social security tips 8 Allocated tips                   |                                       | 9                   | 9                             |                                 | 7 Social security tips               |                                       | 8 Allocated tips           |                                  |              |                                 |  |
| 10 Dependent care benefits 11 Nonqualified plans          |                                       | lified plans        | 12a Code See inst. for box 12 |                                 | 10 Dependent care benefits           |                                       | fits 11 Nonqualified plans |                                  | <b>12a</b> C | ode See inst. for box 12        |  |
| 13  |                                       |                     | 12b Code                      |                                 | 13                                   |                                       | 14 Other                   |                                  | <b>12b</b> C | 12b Code                        |  |
| Statutory employee  | ee                                    |                     | <b>12c</b> C                  | 12c Code                        |                                      | Statutory employee                    |                            |                                  |              | 12c Code                        |  |
| tetirement Plan<br>fhird-party sick pay                   |                                       | <b>12d</b> C        | 12d Code                      |                                 | Retirement Plan Third-party sick pay |                                       |                            |                                  | 12d Code     |                                 |  |
| MO 2606433  | 32                                    | 6375                | 0.06                          | 2844.00                         | МО                                   | 2606433                               | 32                         | 637                              | 50.06        | 2844.00                         |  |
| он 54 1484  | он 54 148412 25375                    |                     | 5.02                          | 5.02 866.94                     |                                      | OH 54 148412                          |                            | 253                              | 25375.02 866 |                                 |  |
| 15 State Employer's s                                     | tate ID number                        | 16 State wages, tip | s, etc.                       | 17 State income tax             | 15 State                             | Employer's stat                       | e ID 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              |                            | 20 Locali                        | ty name      |                                 |  |
| Form W-2 Wage and Ta<br>This information is being furn    | ax Statement ished to the Internal Re | evenue Service.     |                               | Dept. of the Treasury - IRS     | Form W                               | /-2 Wage and Ta                       | x Statement                |                                  |              | Dept. of the Treasury - IR      |  |

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.

| penalty of other sametion may be imposed on you in this income is taxable and you fail to report it. |                            |                                    |                               |                               |                       |  |  |
|--|----------------------------|------------------------------------|-------------------------------|-------------------------------|-----------------------|--|--|
| Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). 2020  OMB No. 1545-0008                    |                            |                                    |                               |                               |                       |  |  |
| a Employee's SSN   | 1 Wages, tips, other comp. |                                    |                               | 2 Federal income tax withheld |                       |  |  |
| , ,  |                            |                                    | 89125.08                      |                               | 14163.00              |  |  |
| 897-12-8577  | 3 Soci                     | ial security                       | wages                         | 4 Social s                    | security tax withheld |  |  |
| <b>b</b> Employer ID no. (EIN)   | 1                          |                                    | 89125.08                      |                               | 5525.75               |  |  |
| , ,  | 5 Med                      | licare wage                        |                               | 6 Medicar                     | re tax withheld       |  |  |
| 46-3162107   |                            |                                    | 89125.08                      | 1292.3                        |                       |  |  |
| c Employer's name, address, and ZIP code<br>ELITE BUSINESS CONSULTING LLC                            |                            |                                    |                               |                               |                       |  |  |
| 555 GROVE ST STE 100   |                            |                                    |                               |                               |                       |  |  |
| HERNDON  |                            |                                    |                               | VA                            | 20170                 |  |  |
| d Control number   |                            |                                    |                               |                               |                       |  |  |
| SWAMY GANGADHAR PAVAN VULISETTI 7421 PLACID LAKE DR APT # 101 MASON OH 45050                         |                            |                                    |                               |                               |                       |  |  |
| 7 Social security tips   |                            | 8 Allocate                         | ed tips                       | 9                             |                       |  |  |
| 10 Dependent care ber  | efits                      | 11 Nonqua                          | alified plans                 | 12a Code See inst. for box 12 |                       |  |  |
| 13   | <b>14</b> Ot               | ther                               |                               | 12b Code                      |                       |  |  |
| Statutory employee   |                            |                                    |                               | 12c Code                      |                       |  |  |
| Retirement Plan  |                            |                                    |                               | 12d Cd                        |                       |  |  |
| Third-party sick pay   |                            |                                    |                               |                               |                       |  |  |
| MO 260643  | 32                         |                                    | 6375                          | 0.06                          | 0.06 2844.00          |  |  |
| OH 54 148<br>15 State Employer's sta   | mber                       | 2537<br><b>16</b> State wages, tip | 866.94<br>17 State income tax |                               |                       |  |  |
| 18 Local wages, tips, e  | 19 Local in                | icome tax                          | 20 Locality name              |                               |                       |  |  |
|  |                            |                                    |                               |                               |                       |  |  |

REV 12/22/20 QBDT

| Copy 2 To Be Filed With Employee's State, 2020  |                   |               |   |         |  |  |  |
|---|-------------------|---------------|---|---------|--|--|--|
| City, or Local Income Tax Return. OMB No. 1545-0008   |                   |               |   |         |  |  |  |
| a Employee's SSN  | 1 Wages, tips, of | her comp.     | 2 Federal income tax withheld                 |         |  |  |  |
| шр.с., со с с с с   |                   | 89125.08      | 14163.00                                      |         |  |  |  |
| 897-12-8577   | 3 Social security | wages         | 4 Social security tax withheld                |         |  |  |  |
| <b>b</b> Employer ID no. (EIN)  |                   | 89125.08      | 5525.75                                       |         |  |  |  |
| E Employer ID no. (Em)  | 5 Medicare wage   | es and tips   | 6 Medicare tax withheld                       |         |  |  |  |
| 46-3162107  |                   | 89125.08      | 1292.31                                       |         |  |  |  |
| c Employer's name, address, and ZIP code ELITE BUSINESS CONSULTING LLC  555 GROVE ST STE 100                                |                   |               |   |         |  |  |  |
| HERNDON VA 20170  |                   |               |   |         |  |  |  |
| d Control number  |                   |               |   |         |  |  |  |
| e Employee's name, address, and ZIP code Suff. SWAMY GANGADHAR PAVAN VULISETTI 7421 PLACID LAKE DR APT # 101 MASON OH 45050 |                   |               |   |         |  |  |  |
| 7 Social security tips  | 8 Allocat         | ed tips       | 9   |         |  |  |  |
| 10 Dependent care bene  | efits 11 Nonqu    | alified plans | 12a Code See inst. for box 12                 |         |  |  |  |
| 13  | 14 Other          |               | 12b Code                                      |         |  |  |  |
| Statutory employee  |                   |               | 40 - Onda                                     |         |  |  |  |
| Retirement Plan   |                   |               | 12c Code                                      |         |  |  |  |
| Third-party sick pay  |                   |               | 12d Code                                      |         |  |  |  |
| MO 2606433  | 32                | 6375          | 0.06  | 2844.00 |  |  |  |
| OH 54 148412 25375.02 866.  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax              |                   |               |   |         |  |  |  |
| 18 Local wages, tips, etc   |                   | ncome tax     | 20 Locality name  Dept. of the Treasury - IRS |         |  |  |  |
| Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS   |                   |               |   |         |  |  |  |