Copy	/ B To Be F ERAL Tax R	iled with Em eturn.	ployee's		2020 OMB No. 1545-0008			
	oloyee's SSN	1 Wages, tips, o		2 Fe	ederal income tax withh			
871	-85-3083	3 Social security	wages	4 So	4 Social security tax withheld			
b Empl	Employer ID no. (EIN)		137700.00 dicare wages and tips		8537.			
77-	0561842	61188.00	0 IVIE	2337.2				
SR	loyer's name, ac IVEN IN	ddress, and ZIP co FOSYS IN	nde C					
	-14, MA D FLOOR	IN STREE	Т					
FL	USHING		N	NY 11355				
d Con	trol number							
e Emp	loyee's name, a	ddress, and ZIP co	ode			Suff.		
	00 BUTT NSHOHOC		APT # 10	P	A 19428			
7 Social security tips 8 Allocate			ed tips	9				
Dependent care benefits		efits 11 Nonqu	11 Nonqualified plans		12a Code See inst. for box 12			
13		14 Other			12b Code			
		NY-SDI PA-SUI	13.00 74.56		12c Code			
Potiromont Plan		NY-FLI	99.68					
		Health	6601.73	3 12	12d Code			
NY	7705618	342 0	16118	8.0	00 1887	7.08		
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5 State	Employer's s	tate ID number	16 State wages, tip	s, etc.	. 17 State income t	ax		
18 Local wages, tips, etc. 19 Local in			ncome tax	20	20 Locality name			
orm W	-2 Wage and Ta	x Statement		_	Dept. of the Treas	in/ ID		

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

Dept. of the Treasury - IF

| 161188.00 | 15967.00 | 871-85-3083 | 3 Social security wages | 4 Social security tax withheld | 137700.00 | 8537.40 | 5 Medicare wages and tips | 6 Medicare tax withheld | 77-0561842 | 161188.00 | 2337.23

c Employer's name, address, and ZIP code SRIVEN INFOSYS INC

43-14, MAIN STREET 3RD FLOOR FLUSHING

d Control number

NY 11355

e Employee's name, address, and ZIP code BALWANTH K MAHANKALI 1700 BUTTLER PIKE APT # 10

CONSHOHOCKEN PA 19428

7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code Statutory employee NY-SDI 13.00 12c Code PA-SUI 74.56 Retirement Plan NY-FLI 99.68 12d Code Health 6601.73 Third-party sick pay

NY 770561842 0 161188.00 1887.08
PA 0000000 124268.00 3815.06
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

Copy City,	or Local Inc	come	Tax Re		OM	B No. 1545-0008			
a Employee's SSN 1 Was				her comp.	2 Federal income tax withheld				
		161188.00			15967.00				
871-85-3083		3 Soc				4 Social security tax withheld			
b Employer ID no. (EIN)		137700.00			8537.40				
		9			6 Medicare tax withheld				
77-0561842				61188.00	2337.2				
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	D FLOOR			-					
FLUSHING					NY	11355			
d Cont	rol number								
BA 17	loyee's name, ac LWANTH 1 00 BUTT1 NSHOHOC1	K MA	HANK		PA	19428			
7 Social security tips			8 Allocated tips						
10 Dependent care benefits			11 Nonqua	alified plans	12a C	12a Code See inst. for box 12			
13		140			12b C	12b Code			
Statutory	Statutory employee NY		Y-SDI 13.00						
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		NY-	NY-FLI 99.68			12d Code			
Third-party sick pay Hea			lth	6601.73	ode				
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PA 00000000			124268		3815.06				
15 State Employer's state ID number			nber	16 State wages, tip	17 State income tax				
18 Local wages, tips, etc.			19 Local in	ncome tax	20 Locality	0 Locality name			

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

REV 12/22/20 QBDT

		RE	V 12/22/20 QBDT							
Copy 2 To Be F City, or Local In	come	Tax Re	turn.			IB No. 154				
a Employee's SSN	1 Wages, tips, other comp.			2 F	2 Federal income tax withheld					
	161188.00				15967.00					
871-85-3083	3 Social security wages			4 S	4 Social security tax withheld					
b Employer ID no. (EIN)	137700.00				8537.40					
- cp.o) o. 10 101 (2.11)	5 Medicare wages and tips 6			6 M	6 Medicare tax withheld					
77-0561842	161188.00			2337.23						
c Employer's name, ac SRIVEN IN 43-14, MA 3RD FLOOR	FOSY	S IN	C							
FLUSHING				IV.	Y	113	55			
d Control number				1,	1	113	30	-		
e Employee's name, a BALWANTH 1700 BUTT CONSHOHOC 7 Social security tips	K MA LER	HANK	ALI APT # 10		A	194	28	Suff.		
10 Dependent care bene	efits	11 Nonqualified plans		12	12a Code See inst. for box 12					
13 Statutory employee Retirement Plan Third-party sick pay	NY- PA- NY-	14 Other NY-SDI 13.00 PA-SUI 74.56 NY-FLI 99.68 Health 6601.73		0 12 8 12	12c Code					
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PA 0000000 15 State Employer's state ID number			12426 16 State wages, ti	58.0	0.0	17 State	3815	.06		
18 Local wages, tips, etc			ncome tax	20 Lo		y name Dept. of t	ne Treasu	ıry - IR		