

a Employee's SSN 776-65-1676		b Employer identification number (EIN) 20-5123774			OMB No. 1545-0008	
c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089		1 Wgs, tips, other compn 30240.00	2 Fed inc tax withheld 3274.00	3 Social security wages 30240.00		
		4 SS tax withheld 1874.88	5 Medicare wages & tips 30240.00	6 Medicare tax withheld 438.48		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans		12a	
e Employee's name, address, and ZIP code Suff. PRAVINSINH GOHIL 14630 GARRETT AVENUE APT # 614 APPLEVALLEY MN 55124		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>			12c	
		Third-party sick pay <input type="checkbox"/>			12d	
15 State MN	Employer's state ID number 1853632	16 State wages, tips, etc 30240.00	17 State income tax 1732.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2020

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 12/22/20 QBDT

Department of the Treasury — IRS

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Form **W-2**
Wage and Tax Statement
2020

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/22/20 QBDT

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c Employer's name, address, and ZIP code XLYSI LLC 251 MILWAUKEE AVE, SUITE 1009, BUFFALO GROVE IL 60089		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.				
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Form **W-2**
Wage and Tax Statement
2020

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 12/22/20 QBDT