

INGRAIN SYSTEMS INC
 39159 PASEO PADRE PARKWAY SUITE 231

FREMONT CA 94538

SIVA SRINIVASA R PASAM
 1001 S MAIN ST
 L204
 MILPITAS CA 95035

OMB No. 1545-0008		a Employee's social security number 039-98-3376		b Employer identification number (EIN) 45-4569355	
c Employer's name, address, and ZIP code INGRAIN SYSTEMS INC 39159 PASEO PADRE PARKWAY SUITE 231 FREMONT CA 94538		1 Wages, tips, other comp 60737.30	2 Federal income tax withheld 5521.85	3 Social security wages 60737.30	Form W-2 Wage and Tax Statement 2020 Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return
		4 SS tax withheld 3765.71	5 Medicare wages and tips 60737.30	6 Medicare tax withheld 880.69	
		7 Social security tips	8 Allocated tips	9	
d Control number 2228950		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
e Employee's first name and initial Last name Suff. SIVA SRINIVASA R PASAM 1001 S MAIN ST L204 MILPITAS CA 95035		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other CA SDI 607.37	12b 12c 12d	
f Employee's address and ZIP code		15 State Employer's state ID number CA 013-5594-0	16 State wages, tips, etc. 60737.30	17 State income tax 3009.62	
				19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

a Employee's SSN 039-98-3376		b Employer identification number (EIN) 45-4569355			OMB No. 1545-0008	
c Employer's name, address, and ZIP code INGRAIN SYSTEMS INC 39159 PASEO PADRE PARKWAY SUITE 231 FREMONT CA 94538		1 Wgs, tips, other compn 60737.30	2 Fed inc tax withheld 5521.85	3 Social security wages 60737.30	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.	
		4 SS tax withheld 3765.71	5 Medicare wages & tips 60737.30	6 Medicare tax withheld 880.69		
		7 Social security tips	8 Allocated tips	9		
d Control number 2228950		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. SIVA SRINIVASA R PASAM 1001 S MAIN ST L204 MILPITAS CA 95035		13 Statutory employee <input type="checkbox"/>	14 Other CA SDI 607.37	12b		
		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
15 State CA	Employer's state ID number 013-5594-0	16 State wages, tips, etc 60737.30	17 State income tax 3009.62	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 01/09/21 OSP

Department of the Treasury — IRS

a Employee's SSN 039-98-3376		b Employer identification number (EIN) 45-4569355			OMB No. 1545-0008	
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		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
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a Employee's SSN 039-98-3376		b Employer identification number (EIN) 45-4569355			OMB No. 1545-0008	
c Employer's name, address, and ZIP code INGRAIN SYSTEMS INC 39159 PASEO PADRE PARKWAY SUITE 231 FREMONT CA 94538		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.				
		1 Wgs, tips, other compn 60737.30	2 Fed inc tax withheld 5521.85	3 Social security wages 60737.30	Form W-2 Wage and Tax Statement 2020 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
		4 SS tax withheld 3765.71	5 Medicare wages & tips 60737.30	6 Medicare tax withheld 880.69		
7 Social security tips	8 Allocated tips	9				
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