

1	Wages, tips, other comp.	4800.00	2	Federal income tax withheld	767.73			
3	Social security wages	4800.00	4	Social security tax withheld	297.60			
5	Medicare wages and tips	4800.00	6	Medicare tax withheld	69.60			
d	Control number	103080 CLEV/SL9	Dept	302	Corp.	T	Employer use only	363

c Employer's name, address, and ZIP code  
**V-SOFT CONSULTING GROUP**  
**INC**  
**101 BULLITT LANE #205**  
**LOUISVILLE KY 40222**

b	Employer's FED ID number	76-0532643	a	Employee's SSA number	XXX-XX-3800
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other	57.80 SDI	12b		
			12c		
			12d		
			13	Stat emp, Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code  
**SRUJAN K REDDY**  
**12005 PIONEER BOULEVARD**  
**NORWALK CA 90650**

15	State	CA	Employer's state ID no.	460-5469 8	16	State wages, tips, etc.	4800.00
17	State income tax		18	Local wages, tips, etc.		346.21	
19	Local income tax		20	Locality name			

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1	Wages, tips, other comp.	4800.00	2	Federal income tax withheld	767.73			
3	Social security wages	4800.00	4	Social security tax withheld	297.60			
5	Medicare wages and tips	4800.00	6	Medicare tax withheld	69.60			
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**V-SOFT CONSULTING GROUP**  
**INC**  
**101 BULLITT LANE #205**  
**LOUISVILLE KY 40222**

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14	Other	57.80 CA SDI	12b		
			12c		
			12d		
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e/f Employee's name, address and ZIP code  
**SRUJAN K REDDY**  
**12005 PIONEER BOULEVARD**  
**NORWALK CA 90650**

15	State	CA	Employer's state ID no.	460-5469 8	16	State wages, tips, etc.	4800.00
17	State income tax		18	Local wages, tips, etc.		346.21	
19	Local income tax		20	Locality name			

**CA. State Reference Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1	Wages, tips, other comp.	4800.00	2	Federal income tax withheld	767.73			
3	Social security wages	4800.00	4	Social security tax withheld	297.60			
5	Medicare wages and tips	4800.00	6	Medicare tax withheld	69.60			
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c Employer's name, address, and ZIP code  
**V-SOFT CONSULTING GROUP**  
**INC**  
**101 BULLITT LANE #205**  
**LOUISVILLE KY 40222**

b	Employer's FED ID number	76-0532643	a	Employee's SSA number	XXX-XX-3800
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e/f Employee's name, address and ZIP code  
**SRUJAN K REDDY**  
**12005 PIONEER BOULEVARD**  
**NORWALK CA 90650**

15	State	CA	Employer's state ID no.	460-5469 8	16	State wages, tips, etc.	4800.00
17	State income tax		18	Local wages, tips, etc.		346.21	
19	Local income tax		20	Locality name			

**CA. State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service (99)  
**1040 U.S. Individual Income Tax Return**

**2020**

OMB No. 1545-0074

RS Use Only—Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only if you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name. If the qualifying person is a child but not your dependent ▶

Your first name and middle initial: SRUJAN Last name: REDDY  
 Your social security number: 610-13-3800  
 If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.  
 12005 PIONEER BLVD Apt. no.  
 City, town, or post office. If you have a foreign address, also complete spaces below. State: CA ZIP code: 90650  
 NORWALK Foreign province/state/country: Foreign postal code: Presidential Election Campaign

Foreign country name: Foreign province/state/country: State: CA ZIP code: 90650  
 Foreign postal code:  You  Spouse  
 Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction**  Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/blindness** You:  Were born before January 2, 1956  Are blind  Spouse:  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.		Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a	Tax-exempt interest	2a		2b	2.
3a	Qualified dividends	3a		3b	
4a	IRA distributions	4a		4b	
5a	Pensions and annuities	5a		5b	
6a	Social security benefits	6a		6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			7	-2,577.
8	Other income from Schedule 1, line 9			8	3,222.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	647.
10	Adjustments to income:				
	From Schedule 1, line 22			10a	
	Charitable contributions if you take the standard deduction. See instructions			10b	21.
a	Add lines 10a and 10b. These are your total adjustments to income			10c	626.
b	Subtract line 10c from line 9. This is your adjusted gross income			11	12,400.
c	<b>Standard deduction or itemized deductions</b> (from Schedule A)			12	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12,400.
15	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-			15	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2020)