| Department of the Treasury   | Internal Revenu                            | ie Service             |                          |   |  |  |  |   |                    |                                     |  |                  |  |  |
|--|--|------------------------|--------------------------|---|--|--|--|---|--------------------|-------------------------------------|--|------------------|--|--|
| d Control number   | 1 Wages, tips, other compensation 20217.39 |                        |                          | 2 Federal income tax withheld 2794.10   |  | d Control number   | 1 Wages, 1   | ages, tips, other compensation 20217.39 |                    |                                     | 2 Federal income tax withheld 2794.10            |                  |  |  |
| 001320217737<br>OMB No. 1545-0008  | 3 Social security wages                    |                        |                          | 4 Social security tax withheld          |  | 001320217737<br>OMB No. 1545-0008  | 3 Social security wages                              |   |                    |                                     | 4 Social security tax withheld                   |                  |  |  |
|  | 5 Medicare wages and tips                  |                        |                          | 6 Medicare tax withheld                 |  | This information is being furnished to the   |  |   |                    |                                     |  |                  |  |  |
|  | 5 Medicare v                               | wages and ups          | l°.                      | V medicale tax warred                   |  | Internal Revenue Service.  | 5 Medicare   | are wages and tips                      |                    |                                     | 6 Medicare tax withheld                          |                  |  |  |
| c Employer's name, address,<br>Origin Hubs Inc<br>10315 Chapel Hill I<br>Morrisville, NC 275 | Rd   |                        |                          |   |  | c Employer's name, address<br>Origin Hubs Inc<br>10315 Chapel Hil<br>Morrisville, NC 27  | ll Rd  | 9                                       |                    |                                     |  |                  |  |  |
| 7 Social security tips 8 Allocated tips  |  |                        |                          | 9                                       |  | 7 Social security tips   | 7 Social security tips                               |   | 8 Allocated tips   |                                     |  | 9                |  |  |
| 10 Dependant care benefits   |  | 11 Nonqualified plans  |                          | 12a                                     |  | 10 Dependant care benefit  | s  | 11 Nonqualified plans                   |                    |                                     | d2a  |                  |  |  |
| 12b  |  | 12c                    |                          | 12d                                     |  | 12b  |  | 12c                                     |                    | 12d                                 |  |                  |  |  |
| Cod  |  | C<br>d<br>d            |                          | Co d e                                  |  |  |  | C od e                                  | L.,                |                                     | Cone   |                  |  |  |
| b Employer identification number (EIN) a Employee' 873-96                                    |  |                        | nployee's so<br>73-96-7  | cial security number                    |  | b Employer identification n<br>85-1465569  | b Employer identification number (EIN)<br>85-1465569 |   |                    |                                     | Employee's social security number<br>873-96-7737 |                  |  |  |
| 13 Statutory Retireme<br>employee plan   | ent Third-<br>sick p                       | party 14 Other         |                          |   |  | 13 Statutory Retirem employee plan   |  | d-party 1                               | 4 Other            |                                     |  |                  |  |  |
| 1  | 1  |                        |                          |   |  | 1  | 1  | .                                       |                    |                                     |  |                  |  |  |
|  |  | 1                      |                          | Suff                                    |  | e Employee's first na  | me and init  | ial                                     | Last n             |                                     | Suff   |                  |  |  |
| e Employee's first name: Akhil Bitra 100 Meeting Hall Morrisville NC 275                     | Drive<br>560                               | Last name              |                          | Th<br>ful<br>Re<br>ar<br>re<br>pe<br>m: | is information is being ministend in the information in the information of the informatio | Akhil Bitra 100 Meeting Hall Morrisville NC 27   | Drive<br>560   |   | Last II            | iame                                | Juli   |                  |  |  |
|  | State Emplo                                |                        |                          |   | ps, etc.<br>20217.39   | 15   |  |   |                    | 16 State wages, tips, etc. 01298393 |  |                  |  |  |
| ₩age and Statement   | Tax  | State income tax       | 937.00                   | 18 Local wages, t                       | ps, etc.   | Wage ar Stateme  | nd Tax   | 17 State inco                           | me tax             | 937                                 |  | ages, tips, etc. |  |  |
| Copy C-For<br>EMPLOYEE'S RECORD  | 19   | Local income tax       |                          | 20 Locality name                        |  | Copy B-To Be Filed<br>With Employee's  | -  | 19 Local inco                           | me tax             |                                     | 20 Locality                                      | name             |  |  |
| (See Notice to Employe<br>back of Copy B.)   |  |                        |                          | <del> </del>                            |  | FEDERAL Tax Return   | ŀ  |   | — –                |                                     |  |                  |  |  |
| d Control number   | 4 Wages tin                                | ather compensation     | - Ia                     | Federal income Assure                   | abbeeld.   | d Control number   | 1 Wagas  | ins other com                           |                    | artment of the                      | TreasuryInternal                                 |                  |  |  |
| 001320217737 20217.39  |  |                        | 7.39                     | Federal income tax w                    | 2794.10  | 001320217737   |  | s, tips, other compensation 20217.39    |                    |                                     | 2 Federal income tax withheld 2794.10            |                  |  |  |
| OMB No. 1545-0008  | 3 Social secu                              | urity wages            | 4                        | Social security tax wit                 | hheld  | OMB No. 1545-0008  | 3 Social se  | curity wages                            |                    |                                     | 4 Social security t                              | ax withheld      |  |  |
|  | 5 Medicare v                               | vages and tips         | 6                        | Medicare tax withheld                   | 1  |  | 5 Medicare   | wages and ti                            | ps                 |                                     | 6 Medicare tax wi                                | thheld           |  |  |
| e Employer's name, address, a<br>Origin Hubs Inc<br>10315 Chapel Hill<br>Morrisville, NC 275 | Rd   |                        |                          |   |  | c Employer's name, address<br>Origin Hubs Inc<br>10315 Chapel Hill<br>Morrisville, NC 27 | l Rd   | 9                                       |                    |                                     |  |                  |  |  |
| 7 Social security tips 8 Allocated tips  |  | 8 Allocated tips       | ps 9                     |   |  | 7 Social security tips   |  | 8 Allocated tips                        |                    |                                     | 9  |                  |  |  |
| 10 Dependant care benefits   | 11 Nonqualified plans                      |                        | 12a See instruct         | ions for box 12                         |  | 10 Dependant care benefits   |  | 11 Nonqualified plans                   |                    |                                     | 12a See instructions for box 12                  |                  |  |  |
| 12b 12c G G d d d e  |  |                        |                          | 12d<br>C<br>d                           |  | 12b<br>C<br>d<br>e   | 12b  |   | 12c<br>C<br>g<br>e |                                     |  |                  |  |  |
| b Employer identification number 85-1465569  | ber (EIN)                                  | 8                      | mployee's so<br>373-96-7 | ocial security number<br>7737           |  | b Employer identification no<br>85-1465569   | umber (EIN)  |   | 8                  |                                     | s social security nur<br>6-7737                  | nber             |  |  |
| 13 Statutory Retirem employee plan   | nent Third                                 |                        |                          |   |  | 13 Statutory Retiren employee plan   | nent Thir<br>sick                                    |   | 4 Other            |                                     |  |                  |  |  |
| e Employee's name, addre<br>Akhil Bitra<br>100 Meeting Hall<br>Morrisville NC 275            | Drive                                      | code                   |                          |   |  | e Employee's name, ad<br>Akhil Bitra<br>100 Meeting Hall<br>Morrisville NC 27            | Drive  | ZIP code                                |                    |                                     |  |                  |  |  |
| 2021 NC  |  | oyer's state ID number |                          | 16 State wages,                         | ips, etc.<br>20217.39  | 2021 <sup>15</sup> NO  | ٠.   | oloyer's state I                        |                    |                                     | 16 State wa                                      | ages, tips, etc. |  |  |
| ₩age and Statement   | Tax  | 7 State income tax     | 937.0                    | 18 Local wages,                         | ips, etc.  | ₩age an<br>Statemen  | id rax   | 17 State inco                           | me tax             | 937.                                |  | ages, tips, etc. |  |  |
| Copy 2-To Be Filed With<br>Employee's State, City,<br>Local Income Tax Retur                 | or 19                                      | Local income tax       |                          | 20 Locality name                        |  | Copy 2-To Be Filed Wir<br>Employee's State, City<br>Local Income Tax Retu                | or   | 19 Local inco                           | me tax             |                                     | 20 Locality                                      | name             |  |  |
|  | - 1  |                        |                          |   |  |  |  |   |                    |                                     |  |                  |  |  |

Origin Hubs Inc 10315 Chapel Hill Rd Morrisville, NC 27560