

|  |                                  |  |                            |   |  |  |  |
|--|----------------------------------|--|----------------------------|---|--|--|--|
| <b>b Employer's Identification number</b> 22-3490566   |                                  | <b>12a See instructions for Box 12</b>   |                            | <b>1 Wages, tips, other compensation</b> 42120.00 |  | <b>2 Federal income tax withheld</b> 4507.69   |  |
| <b>c Employer's name, address, and ZIP code</b><br>SOFTCOM SYSTEMS INC.<br>475 WALL STREET,<br>PRINCETON NJ 08540                  |                                  | 12b \$   |                            | <b>3 Social security wages</b>                    |  | <b>4 Social security tax withheld</b>  |  |
|  |                                  | 12c \$   |                            | <b>5 Medicare wages and tips</b>                  |  | <b>6 Medicare tax withheld</b>   |  |
|  |                                  | 12d \$   |                            | <b>7 Social security tips</b>                     |  | <b>8 Allocated tips</b>  |  |
| <b>e Employee's first name and initial</b> Last name<br>VISHAL ATTAL 422092<br>1750 NORTH INTERSTATE 35 EAST<br>LANCASTER TX 75134 |                                  | This information is being furnished to the Internal Revenue Service<br><br><b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b><br><br><b>a Employee's soc. sec. no</b><br>083-83-7667 |                            | <b>9</b>  |  | <b>10 Dependent care benefits</b>  |  |
|  |                                  |  |                            | <b>11 Nonqualified plans</b>                      |  | <b>13 Statutory employee</b> <input type="checkbox"/> <b>Retirement plan</b> <input type="checkbox"/> <b>Third-party sick pay</b> <input type="checkbox"/> |  |
|  |                                  |  |                            | <b>14 Other</b>                                   |  |  |  |
| <b>f Employee's address and ZIP code</b>   |                                  |  |                            | <b>18 Local wages, tips, etc.</b>                 |  | <b>19 Local income tax</b>   |  |
| <b>15 State</b>  | <b>Employer's state I.D. No.</b> | <b>16 State wages, tips, etc.</b>  | <b>17 State income tax</b> |   |  | <b>20 Locality name</b>  |  |
| Form W-2 Wage and Tax Statement 2020   |                                  | Department of the Treasury-Internal Revenue Service  |                            | OMB # 1545-0008                                   |  | Copy B To Be Filed With Employee's FEDERAL Tax Return  |  |

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| <b>15 State</b>  | <b>Employer's state I.D. No.</b> | <b>16 State wages, tips, etc.</b>   | <b>17 State income tax</b> |   |  | <b>20 Locality name</b>  |  |
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