

b Employer's Identification number c Employer's name, address, and ZIP code		81-4957485 ZENSOFT IT SOLUTIONS INC. 27 SOUTH ST, STE 2B NORTHBOROUGH MA 01532		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld	
				\$	81987.93	10716.81	
				12b	3 Social security wages	4 Social security tax withheld	
				\$	81987.93	5083.25	
				12c	5 Medicare wages and tips	6 Medicare tax withheld	
				\$	81987.93	1188.82	
				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		8624190		This information is being furnished to the Internal Revenue Service Copy B To Be Filed with Employee's FEDERAL Tax Return	9 Verification code	10 Dependent care benefits	
PAVAN KUMAR CHERUVUGATTU 7738 SPRINGDALE DR ST LOUIS MO 63121					11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code					14 Other		
				a Employee's soc. sec. no.	853-98-8181		
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MO	25038354	81987.93	3436.25	81987.93	819.87	STL	

Form W-2 Wage and Tax Statement 2019 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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e Employee's first name and initial Last name		8624190		This information is being furnished to the Internal Revenue Service Copy 2 for State, City, or Local Tax Departments	9 Verification code	10 Dependent care benefits	
PAVAN KUMAR CHERUVUGATTU 7738 SPRINGDALE DR ST LOUIS MO 63121					11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code					14 Other		
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15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MO	25038354	81987.93	3436.25	81987.93	819.87	STL	

Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 12/23/19 OSP

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				12d	7 Social security tips	8 Allocated tips	
				\$			
e Employee's first name and initial Last name		8624190		This information is being furnished to the Internal Revenue Service. 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. Copy C for Employee's Records (see notice to Employee on back.)	9 Verification code	10 Dependent care benefits	
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