a Employee's SSN 075-23-1637	b Employer identification r	number (EIN) 20-14	25634	OMB No. 1545-0008
C Employer's name, address, and ZIP code DOTS TECHNOLOGIES INC.	1 Wgs, tips, other compn 3000.00	2 Fed inc tax withheld 7056.00	3 Social security wages	Form W-2
371 HOES LANE ,SUITE #200	4 SS tax withheld 1860.00	5 Medicare wages & tips 30000.00	6 Medicare tax withheld 435.00	110000
PISCATAWAY NJ 08854	7 Social security tips	8 Allocated tips	9	Statement
d Cantrol number	10 Depdrt care benefits	11 Nonqualified plans	12a	2020
Employee's name, address, and ZIP code Suff.	13	14 Other	12b	
NAVYA VUPPERLA 1501 S WOLF RD APT # 144	Statutory employee		12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
PROSPECT HEIGHTS IL 60070	Third-party sick pay		12d	This information is being furnished to the Internal Revenue Service.
15 State Employer's state ID number 16 State wages, tips, etc 1 20 - 1425634 000 30000.00	17 State income tax 1485.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/17/20 QBDT			Depar	rtment of the Treasury — IRS

a Employee's SSN 075-23-1637	b Employer identification r	umber (EIN) 20-142	25634	OMB No. 1545-0008
C Employer's name, address, and ZIP code DOTS TECHNOLOGIES INC.	1 Wgs, tips, other compn 30000.00	2 Fed inc tax withheld 7056.00	3 Social security wages	Form W-2
371 HOES LANE ,SUITE #200	4 SS tax withheld 1860.00	5 Medicare wages & tips 30000.00	6 Medicare tax withheld 435.00	Wage and
PISCATAWAY NJ 08854	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2020
Employee's name, address, and ZIP code Suff.	13 Statutory employee.	14 Other	12b	Copy 2 To Be
NAVYA VUPPERLA 1501 S WOLF RD APT # 144	Retirement plan .		12c	Filed With Employee's State
PROSPECT HEIGHTS IL 60070	Third-party sick pay		12d	City, or Local Income Tax Return.
5 State Employer's state ID No. IL 20-1425634 000 30000.00 17	7 State income tax 1485.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

a Employee's SSN 075-23-1637 $\begin{array}{llll} \textbf{b} & \text{Employer identification number (EIN)} & 20-1425634 & \text{OMB No. 1545-1545} \\ \text{This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.} \\ \end{array}$ OMB No. 1545-0008 C Employer's name, address, and ZIP code DOTS TECHNOLOGIES INC. 1 Wgs, tips, other compn 2 Fed inc tax withheld 3 Social security wages Form W-2 30000.00 7056.00 30000.00 371 HOES LANE , SUITE #200 4 SS tax withheld 5 Medicare wages & tips 30000.00 6 Medicare tax withheld Wage and 1860.00 435.00 PISCATAWAY NJ 08854 Tax 7 Social security tips 8 Allocated tips d Control No. Statement 10 Depont care benefits 11 Nonqualified plans 12a 2020 e Employee's name, address, and ZIP code 14 Other 12b Statutory employee. NAVYA VUPPERLA Copy C For EMPLOYEE'S RECORDS. (See Notice to 12c 1501 S WOLF RD APT # 144 Retirement plan . . PROSPECT HEIGHTS IL 60070 12d Third-party sick pay Employee.) 15 State Employer's state ID No. 16 State wages, tips, etc 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20-1425634 000 30000.00 1485.00 REV 12/17/20 QBDT