

<b>b</b> Employer's identification number <b>c</b> Employer's name, address, and ZIP code		20-0344995 TALENT IT SERVICES, INC. 776 N. MAIN STREET 2ND FLOOR MANCHESTER CT 06040		<b>12a</b> See instructions for Box 12	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld
				\$	79666.71	10588.71
				<b>12b</b>	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
				\$	79666.71	4939.34
				<b>12c</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
				\$	79666.71	1155.17
				<b>12d</b>	<b>7</b> Social security tips	<b>8</b> Allocated tips
				\$		
<b>e</b> Employee's first name and initial Last name		75259		This information is being furnished to the Internal Revenue Service  <b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>	<b>9</b>	<b>10</b> Dependent care benefits
					<b>11</b> Nonqualified plans	<b>13</b> Statutory employee Retirement plan Third-party sick pay
					<b>14</b> Other	
					<b>a</b> Employee's soc. sec. no.	
<b>f</b> Employee's address and ZIP code		MADHUKAR GUDLA 9265 DEERCROSS PKWY APT # 2B BLUE ASH OH 45236		739-02-2056		
<b>15</b> State	<b>Employer's state I.D. No.</b>	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
OH	52-699400	79666.71	2314.68			

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>e</b> Employee's first name and initial Last name		75259		This information is being furnished to the Internal Revenue Service  <b>Copy 2 for State, City, or Local Tax Departments</b>	<b>9</b>	<b>10</b> Dependent care benefits
					<b>11</b> Nonqualified plans	<b>13</b> Statutory employee Retirement plan Third-party sick pay
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Form W-2 Wage and Tax Statement 2020 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 01/26/21 OSP

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				\$		
<b>e</b> Employee's first name and initial Last name		75259		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.  <b>Copy 2 for State, City, or Local Tax Departments</b>	<b>9</b>	<b>10</b> Dependent care benefits
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