

# 2020 W-2 and EARNINGS SUMMARY



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy C for employee's records. OMB No. 1545-0008

d Control number 047668 CL12/ZSL	Dept.	Corp.	Employer use only L 3222
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c Employer's name, address, and ZIP code 604-074-05  
**WIPRO LTD**  
 2 TOWER CENTER BL #2200  
 EAST BRUNSWICK NJ 08816

Batch #02269

e/f Employee's name, address, and ZIP code  
**GMVVR PHANI KUMAR GUTTULA**  
 15338 NE 9 PL I206  
 BELLEVUE WA 98007

b Employer's FED ID number 98-0154401	a Employee's SSA number XXX-XX-4880
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1 Wages, tips, other comp. 81286.24	2 Federal income tax withheld 13241.11
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   27.50
14 Other	12b W   829.22
	12c DD   3453.93
	12d
13 Stat emp. Ret. plan 3rd party sick pay	

15 State WA	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	83,477.40	83,477.40	83,477.40	
Plus GTL (C-Box 12)	27.50	27.50	27.50	
Less Other Cafe 125	1,389.44	1,389.44	1,389.44	
Less Cafe 125 HSA (W-Box 12)	829.22		829.22	
Less Exempt Wages	N/A	81,286.24	81,286.24	
<b>Reported W-2 Wages</b>	<b>81,286.24</b>	<b>0.00</b>	<b>0.00</b>	

2. Employee Name and Address.

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Fold and Detach Here

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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**WA State Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**WA State Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
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# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-0047 **600320**  
**2020**

**Part I Employee**

1 Name of employee (first name, middle initial, last name) <b>GMVVR PHANI KUMAR GUTTULA</b>		2 Social security number (SSN) <b>***-**-4880</b>		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) <b>98-0154401</b>	
3 Street address (including apartment no.) <b>1533B NE 9 PL 1206</b>		6 Country and ZIP or foreign postal code <b>98007</b>		7 Name of employer <b>WIPRO LIMITED</b>		10 Contact telephone number <b>833-253-7717</b>	
4 City or town <b>BELLEVUE</b>		5 State or province <b>WA</b>		9 Street address (including room or suite no.) <b>2 TOWER CENTER BLVD STE 2200</b>		11 Country and ZIP or foreign postal code <b>08816</b>	
				11 City or town <b>EAST BRUNSWICK</b>		12 State or province <b>NJ</b>	

**Part II Employee Offer of Coverage**

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>01</b>
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
15 Employee Required Contribution (see instructions)	\$	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

18 (a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
GMVVR PHANI KUMAR GUTTULA	***-**-4880			X	X	X	X	X	X	X	X	X	X	X	X	X
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