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|---|---|---|--|---------------------------------------|-----------------------------------|--|--|--|--|--|
| | | a Employee's social security number 790-63-3764 | OMB No. 1545-0008 | | | | 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 Employer identification number (EIN) 68-0535594 | | | 1 Wages, tips, other compensation 78443.40 | | | 2 Federal income tax withheld 12729.34 | | | | |
| c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147 | | | 3 Social security wages 6596.80 | | | 4 Social security tax withheld 409.00 | | | | |
| | | | 5 Medicare wages and tips 6596.80 | | | 6 Medicare tax withheld 95.65 | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| d Control number | | | 9 | | | 10 Dependent care benefits | | | | |
| e Employee's first name and initial PRUDHVI | | Last name CHINTAREDDY | | Suff. | | 11 Nonqualified plans | | | 12a See instructions for box 12 | |
| 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147 | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | | 12b | | | | |
| | | | 14 Other | | | 12c | | | | |
| | | | | | | 12d | | | | |
| f Employee's address and ZIP code | | | | | | | | | | |
| 15 State VA | Employer's state ID number 30680535594F001 | | 16 State wages, tips, etc. 78443.40 | 17 State income tax 4037.28 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2020

Department of the Treasury—Internal Revenue Service



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Form **W-2** Wage and Tax Statement
**Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return**

2020

Department of the Treasury—Internal Revenue Service