b Employer's Identification number 81 – 0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer's Identification number c Employer's name, address, and ZIP code	ls.	72185.09	9888.71
ITSYNTAX INC	12b	3 Social security wages	4 Social security tax withheld
	\$	60851.75	3772.81
207 EAST HOLLY AVENUE SUITE #203	12c	5 Medicare wages and tips 60851.75	6 Medicare tax withheld 882.35
		7 Social security tips	8 Allocated tips
STERLING VA 20164	l is		•
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
6856902	Internal Revenue Service	11 Nonqualified plans	12 0
SANJANA JETTY	Copy B To Be Filed with	Tr Noriqualined plans	13 Statutory Retirement Third-party employee plan sick pay
7044 SONYA DR	Employee's FEDERAL	14 Other	
	Tax Return		
NASHVILLE TN 37209	a Employee's soc. sec. no		
6 Employed and decreased 7ID and	698-76-8035	1	
f Employee's address and ZIP code 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
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed V	 Vith Employee's FEDERAL Tax Retur
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b Employer's Identification number c Employer's name, address, and ZIP code 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation	
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005 53 55 1101 11 31 53 51 51 51 51 51 51 51 51 51 51 51 51 51	12c	5 Medicare wages and tips	6 Medicare tax withheld
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STERLING VA 20164 e Employee's first name and initial Last name	I\$	19	10 Dependent care benefits
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7044 SONYA DR	Local Tax Departments	14 Other	
NASHVILLE TN 37209	a Employee's soc. sec. no		
f Employee's address and ZIP code	698-76-8035		
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
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 STA	ATE, CITY, or LOCAL Tax Department
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REV 01/07/21 OSP			, , , , , , , , , , , , , , , , , , , ,
REV 01/07/21 OSP		1 Wages, tips, other compensation	
REV 01/07/21 OSP	12a See instructions for Box 12	1 Wages, tips, other compensation 72185.09	2 Federal income tax withheld 9888.71
BEW 01/07/21 OSP b Employer's Identification number c Employer's name, address, and ZIP code 81-0930594	12a See instructions for Box 12	1 Wages, tips, other compensation 72185.09	2 Federal income tax withheld 9888.71 4 Social security tax withheld
B Employer's Identification number c Employer's name, address, and ZIP code ITSYNTAX INC	12a See instructions for Box 12	1 Wages, tips, other compensation 72185.09 3 Social security wages 60851.75	2 Federal income tax withheld 9888.71
REV 01/07/21 OSP	12a See instructions for Box 12 \$ 12b	1 Wages, tips, other compensation 72185.09 3 Social security wages 60851.75 5 Medicare wages and tips	2 Federal income tax withheld 9888.71 4 Social security tax withheld 3772.81 6 Medicare tax withheld
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