

Form **W-2** Wage and Tax Statement **2020**

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0048 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	78354.24	2 Federal income tax withheld	12192.08
3 Social security wages	78354.24	4 Social security tax withheld	
5 Medicare wages and tips	78354.24	6 Medicare tax withheld	
b Employer identification number		33-0182810	

c Employer's name, address, and ZIP code
P.H. HAGOPIAN CONTRACTOR INC
2200 W. ORANGEWOOD AVE SUITE 130
ORANGE CA 92868

a Employee's social security number	835-19-3016	d Control number	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other	CA-SDI 783.52	12b	
		12c	
		12d	
13		13 Salary employee	
		Retirement plan	
		Third-party sick pay	

e Employee's name, address, and ZIP code
SAHITHYA MAVILLAPALLI
1332 SPECTRUM
IRVINE, CA 92618

15 State CA	Employer's state ID number	323-3042-5	16 State wages, tips, etc.	78354.24
17 State income tax	4436.52	18 Local wages, tips, etc.		
19 Local income tax		20 Locality name		

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Copy C - For EMPLOYER'S RECORDS (See Notice to Employee on the back of Copy B.)
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Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
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