



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

**d** Control number 000031 Dept. KC/NCO Corp. Employer use only **A**

**c** Employer's name, address, and ZIP code  
 METRIX IT SOLUTIONS INC  
 10130 MALLARD CREEK RD STE 235  
 CHARLOTTE, NC 28262  
 Batch #92912

**e/f** Employee's name, address, and ZIP code  
 ABHIGNA GUNDA  
 11028 JOLLYVILLE RD  
 APT NO 348  
 AUSTIN, TX 78759

**b** Employer's FED ID number 81-5467325 **a** Employee's SSA number XXX-XX-6036

1 Wages, tips, other comp. 6300.00	2 Federal income tax withheld 807.84
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
14 Other	12b
	12c
	12d
13 Stat emp. Ret. plan 3rd party sick pay	
15 State 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
Gross Pay	6,300.00	6,300.00	6,300.00
Reported W-2 Wages	6,300.00	0.00	0.00

2. Employee Name and Address.

**ABHIGNA GUNDA**  
**11028 JOLLYVILLE RD**  
**APT NO 348**  
**AUSTIN, TX 78759**

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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

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

City or Local Reference Copy  
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