Copy B To Be F	iled with Employee's	2020	Copy 2 To Be Fi	led With Employee's State	2020		
FEDERAL Tax R	eturn.	OMB No. 1545-0008	City, or Local Inc	come Tax Return.	OMB No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withheld	a Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withheld		
' '	83445.00	11436.00		83445.00	11436.00		
493-41-5338	3 Social security wages	4 Social security tax withheld	493-41-5338	3 Social security wages	4 Social security tax withheld		
<b>b</b> Employer ID no. (EIN)	17000.00	1054.00	<b>b</b> Employer ID no. (EIN)	17000.00	1054.00		
	5 Medicare wages and tips	6 Medicare tax withheld	, , , , ,	5 Medicare wages and tips	6 Medicare tax withheld		
81-3222740	17000.00	246.50	81-3222740	17000.00	246.50		
c Employer's name, ad CONNECTIX	dress, and ZIP code CORPORATION		c Employer's name, ad CONNECTIX	dress, and ZIP code CORPORATION			
1333 CORPO	ORATE DR		1333 CORPO	ORATE DR			
IRVING TX 75038			IRVING		TX 75038		
d Control number		111 73030	d Control number		121 /5050		
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e Employee's name, ac	ddress, and ZIP code	Suff.	e Employee's name, address, and ZIP code Suff.				
ARUN KUMAI			ARUN KUMAI	R GARDASU			
	H AVE NE APT 360	00050		H AVE NE APT 360			
REDMOND		WA 98052	REDMOND		WA 98052		
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	19		
7 Oocial security tips	• Allocated tips	ľ	7 Godiai security tips	• Allocated tips	3		
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10 Dependent care bene	fits 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care bene	fits 11 Nonqualified plans	12a Code See inst. for box 12		
13	14 Other	12b Code	13	14 Other	12b Code		
Statutory employee		12c Code	Statutory employee		12c Code		
Retirement Plan		12C Code	Retirement Plan		12C Code		
real cheft i lan		12d Code	reaction rian		12d Code		
Third-party sick pay			Third-party sick pay				
!			!				
15 State Employer's st	tate ID number 16 State wages, ti	ps, etc. 17 State income tax	15 State Employer's stat	e ID number 16 State wages, ti	ps, etc. 17 State income tax		
18 Local wages, tips, etc	c. 19 Local income tax	20 Locality name	18 Local wages, tips, etc	c. 19 Local income tax	20 Locality name		
		·	<b>3</b> . , 3, 3		-		
Form W-2 Wage and Ta This information is being furni	x Statement shed to the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Ta	x Statement	Dept. of the Treasury - IRS		
This information is being furni	shed to the Internal Revenue Service. If you a be imposed on you if this income is taxable a	ire required to file a tax return, a negligence		DEV 04/40/04 CDDT			
				REV 01/19/21 QBDT			
Copy C For EMF	PLOYEE'S RECORDS.	2020	Copy 2 To Be Fi	led With Employee's State	e, 2020		

Copy C For EMPLOYEE'S RECORDS.					2020		
(See Notice to E					IB No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.		2 Federal income tax withheld				
493-41-5338	83445.00 3 Social security wages			11436.00 4 Social security tax withheld			
170 12 0000		17000.00		1054.00			
<b>b</b> Employer ID no. (EIN)	5 Medicare wages and tips		6 Medicare tax withheld				
81-3222740		17000.00		246.50			
c Employer's name, ac CONNECTIX 1333 CORP	COR	PORAT					
SUITE 345 IRVING TX 75038 d Control number							
e Employee's name, a ARUN KUMA 4850 156T	R GA	RDASU	J		Suff.		
REDMOND				WA	98052		
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				12d Code			
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I 15 State Employer's sta	te ID nur	nber	16 State wages, tip	os. etc.	17 State income tax		
18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
- '							
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS		

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City, or Local Income Tax Return. OMB No. 1545-000  1 Wages, tips, other comp. 2 Federal income tax wi						
a Employee's SSN				2 Federal income tax withheld		
402 41 E220 200		83445.00		11436.00		
493-41-5338 <b>3</b> Soci		ial security wages		4 Social security tax withheld		
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01 2000740	5 Medicare wages and tips			6 Medicare tax withheld		
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7 Social security tips	8 Allocate	ed tips	9			
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Third-party sick pay		nber 19 Local ir		1	17 State income tax	
				os, etc.	17 State income tax	