

**FORM W-2 Wage and Tax Statement**  
 Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.  
 If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.  To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.	Gross Wages	Federal Box 1 44742.09	Soc. Sec. Box 3 and 7 44742.09	Medicare Box 5 44742.09
	Taxbl Benefits			
	Group Term Life Adoption	10.80	10.80	10.80
	Deferred Comp	(978.68)		
	Section 125	(1582.61)	(1582.61)	(1582.61)
	Other Pretax/Wage Limit			
	W-2 Wages	42191.60	43170.28	43170.28

D. CONTROL NUMBER 001244157601		This information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 42191.60		2. FEDERAL INCOME TAX WITHHELD 7374.27	
B. EMPLOYER IDENTIFICATION NUMBER 36-2440683		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 762-16-9497		3. SOCIAL SECURITY WAGES 43170.28		4. SOCIAL SECURITY TAX WITHHELD 2676.56			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Schneider Electric USA, Inc 200 N Martingale Rd Schaumburg IL 60173						5. MEDICARE WAGES AND TIPS 43170.28		6. MEDICARE TAX WITHHELD 625.97	
E. EMPLOYEE'S FIRST NAME AND INITIAL Priyanka 277 Prestwick Way Edison NJ 08820 USA						LAST NAME Neelam		SUFF.	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>	
						14. OTHER		10. DEPENDENT CARE BENEFITS 937.49	
						11. NONQUALIFIED PLANS		12. a-d C 10.80 D 978.68 W 981.25 DD 2030.93	
						14. OTHER			
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 362-440-683/000	16. STATE WAGES, TIPS, ETC. 31968.13	17. STATE INCOME TAX 1792.55	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			

FOLD AND TEAR ALONG PERFORATION

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**W-2 AND WAGE SUMMARY**