

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

d Control number 000000489 RP6	Dept. BJ40	Corp. S	Employer use only 2471
-----------------------------------	---------------	------------	---------------------------

c Employer's name, address, and ZIP code
TAKE TWO INTERACTIVE SOFTWARE INC
 110 WEST 44TH STREET
 2ND FLOOR
 NEW YORK, NY 10036

e/f Employee's name, address, and ZIP code
PRITAM ROY
 40 E CHERRY ST
 UNIT 510
 RAHWAY, NJ 07065

b Employer's FED ID number 51-0350842	a Employee's SSA number XXX-XX-9614
1 Wages, tips, other comp. 110596.88	2 Federal income tax withheld 13664.80
3 Social security wages 115142.41	4 Social security tax withheld 7138.83
5 Medicare wages and tips 115142.41	6 Medicare tax withheld 1669.56
7 Social security tips	8 Allocated tips
9	10 Dependent care benefit
11 Nonqualified plans	12a See instructions for box 12 C 242.80
14 Other 196.72 NY PFL	12b D 4545.53
	12c DD 19626.08
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State NY Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17 State income tax 6862.49	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for 401(k), cafeteria plans, etc...

Change your employee W-4 profile information, file a new W-4 with your payroll department.

PRITAM ROY
 40 E CHERRY ST
 UNIT 510
 RAHWAY, NJ 07065

Social Security Number: XXX-XX-9614



© 2020 ADP, Inc.

PAGE 01 OF 01

← Fold and Detach Here →

1 Wages, tips, other comp. 110596.88	2 Federal income tax withheld 13664.80		
3 Social security wages 115142.41	4 Social security tax withheld 7138.83		
5 Medicare wages and tips 115142.41	6 Medicare tax withheld 1669.56		
d Control number 000000489 RP6	Dept. BJ40	Corp. S	Employer use only 2471

c Employer's name, address, and ZIP code
TAKE TWO INTERACTIVE SOFTWARE INC
 110 WEST 44TH STREET
 2ND FLOOR
 NEW YORK, NY 10036

b Employer's FED ID number 51-0350842	a Employee's SSA number XXX-XX-9614
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 242.80
14 Other 196.72 NY PFL	12b D 4545.53
	12c DD 19626.08
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
PRITAM ROY
 40 E CHERRY ST
 UNIT 510
 RAHWAY, NJ 07065

15 State NY Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17 State income tax 6862.49	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 110596.88	2 Federal income tax withheld 13664.80		
3 Social security wages 115142.41	4 Social security tax withheld 7138.83		
5 Medicare wages and tips 115142.41	6 Medicare tax withheld 1669.56		
d Control number 000000489 RP6	Dept. BJ40	Corp. S	Employer use only 2471

c Employer's name, address, and ZIP code
TAKE TWO INTERACTIVE SOFTWARE INC
 110 WEST 44TH STREET
 2ND FLOOR
 NEW YORK, NY 10036

b Employer's FED ID number 51-0350842	a Employee's SSA number XXX-XX-9614
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 242.80
14 Other 196.72 NY PFL	12b D 4545.53
	12c DD 19626.08
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
PRITAM ROY
 40 E CHERRY ST
 UNIT 510
 RAHWAY, NJ 07065

15 State NY Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17 State income tax 6862.49	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 110596.88	2 Federal income tax withheld 13664.80		
3 Social security wages 115142.41	4 Social security tax withheld 7138.83		
5 Medicare wages and tips 115142.41	6 Medicare tax withheld 1669.56		
d Control number 000000489 RP6	Dept. BJ40	Corp. S	Employer use only 2471

c Employer's name, address, and ZIP code
TAKE TWO INTERACTIVE SOFTWARE INC
 110 WEST 44TH STREET
 2ND FLOOR
 NEW YORK, NY 10036

b Employer's FED ID number 51-0350842	a Employee's SSA number XXX-XX-9614
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 242.80
14 Other 196.72 NY PFL	12b D 4545.53
	12c DD 19626.08
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
PRITAM ROY
 40 E CHERRY ST
 UNIT 510
 RAHWAY, NJ 07065

15 State NY Employer's state ID no. 510350842 3	16 State wages, tips, etc. 110596.88
17 State income tax 6862.49	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

FOLD AND DETACH HERE

FOLD AND DETACH HERE

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 Filing Copy
W-2 Wage and Tax Statement 2020
 Copy C to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy
W-2 Wage and Tax Statement 2020
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

2020 W-2 and EARNINGS SUMMARY

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

d Control number 50051654 VPX	Dept. C48J	Corp. S	Employer use only 724
c Employer's name, address, and ZIP code FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025			
e/f Employee's name, address, and ZIP code PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342			
b Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614		
1 Wages, tips, other comp. 61744.57	2 Federal income tax withheld 7915.17		
3 Social security wages 64600.36	4 Social security tax withheld 4005.22		
5 Medicare wages and tips 64600.36	6 Medicare tax withheld 936.71		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 116.28		
14 Other 38.71 PA SUI	12b D 2855.79		
	12c DD 9049.44		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay X			
15 State PA 2019 2861	16 State wages, tips, etc. 64600.36		
17 State income tax 1983.20	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

Social Security Number: XXX-XX-9614

PRITAM ROY
304 ELTON FARM CIRCLE
GLEN MILLS, PA 19342



© 2020 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 61744.57	2 Federal income tax withheld 7915.17		
3 Social security wages 64600.36	4 Social security tax withheld 4005.22		
5 Medicare wages and tips 64600.36	6 Medicare tax withheld 936.71		
d Control number 50051654 VPX	Dept. C48J	Corp. S	Employer use only 724
c Employer's name, address, and ZIP code FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025			
b Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 116.28		
14 Other 38.71 PA SUI	12b D 2855.79		
	12c DD 9049.44		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay X			
e/f Employee's name, address and ZIP code PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342			
15 State PA 2019 2861	16 State wages, tips, etc. 64600.36		
17 State income tax 1983.20	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp. 61744.57	2 Federal income tax withheld 7915.17		
3 Social security wages 64600.36	4 Social security tax withheld 4005.22		
5 Medicare wages and tips 64600.36	6 Medicare tax withheld 936.71		
d Control number 50051654 VPX	Dept. C48J	Corp. S	Employer use only 724
c Employer's name, address, and ZIP code FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025			
b Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 116.28		
14 Other 38.71 PA SUI	12b D 2855.79		
	12c DD 9049.44		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay X			
e/f Employee's name, address and ZIP code PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342			
15 State PA 2019 2861	16 State wages, tips, etc. 64600.36		
17 State income tax 1983.20	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp. 61744.57	2 Federal income tax withheld 7915.17		
3 Social security wages 64600.36	4 Social security tax withheld 4005.22		
5 Medicare wages and tips 64600.36	6 Medicare tax withheld 936.71		
d Control number 50051654 VPX	Dept. C48J	Corp. S	Employer use only 724
c Employer's name, address, and ZIP code FOX TECHNOLOGY CENTER LLC 1440 S SEPULVEDA BLVD STE 1600 LOS ANGELES, CA 90025			
b Employer's FED ID number 84-3726325	a Employee's SSA number XXX-XX-9614		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 116.28		
14 Other 38.71 PA SUI	12b D 2855.79		
	12c DD 9049.44		
	12d		
13 Stat emp. Ret. plan 3rd party sick pay X			
e/f Employee's name, address and ZIP code PRITAM ROY 304 ELTON FARM CIRCLE GLEN MILLS, PA 19342			
15 State PA 2019 2861	16 State wages, tips, etc. 64600.36		
17 State income tax 1983.20	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		



P.O. BOX 182051
COLUMBUS OH 43218-2051

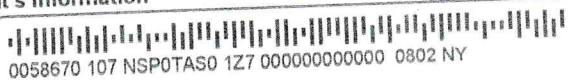
**Tax Year 2020 Form 1099-INT
Interest Income (Copy B)**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



011401700410708664000100000000

Recipient's Information



0058670 107 NSPOTAS0 1Z7 000000000000 0802 NY

PRITAM ROY
304 ELTON FARM CIR
GLEN MILLS PA 19342

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2020 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Recipient's ID Number: XXX-XX-9614

Original

(OMB No. 1545-0112)

Summary of Form 1099-INT Interest Income

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$600.30	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	Federal income tax withheld	\$0.00	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld FATCA Filing requirement	(See Details)

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Account Number	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	
619512210 CHECKING INCLUDES CASH BONUS(ES) OF \$300.00	\$300.00	\$0.00	\$0.00	#15 State FATCA Filing requirement	PA NO
3845921684 SAVINGS INCLUDES CASH BONUS(ES) OF \$300.00	\$300.30	\$0.00	\$0.00	#15 State FATCA Filing requirement	PA NO

CORRECTED (if checked)

OMB No. 1545-0115

**Miscellaneous
Income**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ARORA ENGINEERS, INC.
61 WILMINGTON WEST-CHESTER PIKE
SUITE 100
CHADDS FORD PA 19317
610-459-7900

1 Rents

\$ 29015.01

2020

Form 1099-MISC

2 Royalties

\$

3 Other income

\$

4 Federal income tax withheld

\$

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

**Copy 2
To be filed with
recipient's state
income tax return,
when required.**

PAYER'S TIN

23-2430920

RECIPIENT'S TIN

391-55-9614

RECIPIENT'S name
PRITAM ROY

Street address (including apt. no.)
304 ELTON FARM CIRCLE

City or town, state or province, country, and ZIP or foreign postal code

GLEN MILLS PA 19342

7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

9 Crop insurance proceeds

\$

8 Substitute payments in lieu of dividends or interest

\$

10 Gross proceeds paid to an attorney

\$

11

12 Section 409A deferrals

\$

Account number (see instructions)

PRITAM ROY

FATCA filing requirement

13 Excess golden parachute payments

\$

14 Nonqualified deferred compensation

\$

15 State tax withheld

\$

16 State/Payer's state no.

PA14402226

17 State income

\$

\$

Department of the Treasury - Internal Revenue Service

Form 1099-MISC

www.irs.gov/Form1099MISC



107140354602

560118

Form **1095-B**

Health Coverage

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

OMB No. 1545-2252

CORRECTED

2020

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name
PRITAM | **ROY**

2 Social security number (SSN or other TIN)
*****-**-9614**

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
40 E CHERRY ST UNT 510

5 City or town
RAHWAY

6 State or province
NJ

7 Country and ZIP or foreign postal code
07065-4283

9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):

B

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
TAKE-TWO INTERACTIVE SOFTWARE, INC.

11 Employer identification number (EIN)
510350842

12 Street address (including room or suite no.)
110 W 44TH STREET

13 City or town
NEW YORK

14 State or province
NY

15 Country and ZIP or foreign postal code
10036

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
CIGNA HEALTH AND LIFE INSURANCE CO.

17 Employer identification number (EIN)
591031071

18 Contact telephone number
8553107345

19 Street address (including room or suite no.)
900 COTTAGE GROVE ROAD

20 City or town
BLOOMFIELD

21 State or province
CT

22 Country and ZIP or foreign postal code
06152

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	PRITAM ROY	***-**-9614		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	SUDIPTA PANDEY	***-**-8952		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	ZIYAANSHI PANDEY ROY	***-**-9242		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26																
27																
28																