								Federal Box 1	Soc. Sec. Box 3 8	Medicare Box 5	
To the	right is an note that t	explanation of t he Gross amour	he contents of	f the wag include a	e boxes on your W-2.	Gross Wag		156596.0	0 156596.00	0 156596.00	
						Group Terr	n Life				
						Adoption					
						Deferred C	omp				
						Section 12	5				
						Other Preta	ax/Wage Limit		(18896.00)	
						W-2 Wages	5	156596.0	00 137700.0	0 156596.00	
D. CONTROL		This Information is to the Internal Reve		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME TAX	WITHHELD 32794.23	
		TION NUMBER	A. EMPLOYEE'S		JRITY NUMBER	3. SOCIAL SE	CURITY WAGES	70.00	4. SOCIAL SECURITY TAX		
13-378993			597-69-9593				13770	00.00		8537.40	
		ODRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS 15659	96.00	6. MEDICARE TAX WITH	HELD 2270.64	
501 Boylst Suite 3103	on St	arthers LLC				7. SOCIAL SE		.0.00	8. ALLOCATED TIPS	227 010 1	
Boston MA						9.			10. DEPENDENT CARE BE	NEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.							LIFIED PLANS		12.a-d		
Priya	E 3 FIN31 NAIN	TE AND INITIAL		athi Raja '		11. NONQUA	LIFIED PLANS		12.a-u		
4788 Strat Fremont C USA						14. OTHER C	A SDI	1229.09			
	E'S ADDRESS	AND ZIP CODE							13. STATUTORY RETIRES EMPLOYEE PLAN	MENT THIRD PARTY SICK PAY	
15. STATE CA	EMPLOYER'S 410-6193	STATE I.D. NO.	16. STATE WAGE	S, TIPS, ET 156596.		12679.10	18. LOCAL WAGES,	TIPS, ETC. 19.1	LOCAL INCOME TAX	20. LOCALITY NAME	
	'				'			'	, and the second		
D. CONTROL 000113697		This Information is to the Internal Rev		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS 15659		2. FEDERAL INCOME TAX	WITHHELD 32794.23	
B. EMPLOYE 13-378993		TION NUMBER	A. EMPLOYEE'S S 597-69-9593	OCIAL SECU	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES	00.00	4. SOCIAL SECURITY TAX	WITHHELD 8537.40	
		DDRESS, AND ZIP C artners LLC	ODE			5. MEDICARE	WAGES AND TIPS	96.00	6. MEDICARE TAX WITH	HELD 2270.64	
501 Boylst Suite 3103	on St	artifers LLC				7. SOCIAL SE			8. ALLOCATED TIPS	2270.04	
Boston MA						9.			10. DEPENDENT CARE BE	NEFITS	
E EMBLOYE	EIC FIDCT NAM	ME AND INITIAL	LAST NA	NAS-	SUFF.	11. NONQUA	LIFIED DI ANC		12.a-d		
Priya	E'S FIRST NAM	TE AND INITIAL		athi Raja '		11. NONQUA	LIFIED PLANS		12.a-d		
4788 Strat Fremont C USA						14. OTHER C	A SDI	1229.09			
E. EMPLOYE	E'S ADDRESS	AND ZIP CODE							13. STATUTORY RETIRES EMPLOYEE PLAN	MENT THIRD PARTY SICK PAY	
		STATE I.D. NO.	16. STATE WAGE	S, TIPS, ET 156596.		AX 12679.10	18. LOCAL WAGES,	TIPS, ETC. 19.1	LOCAL INCOME TAX	20. LOCALITY NAME	
Copy 2 To	be filed	with Employee	e's STATE, CI	Y, or LO	CAL tax return	2020	1	Dept. of th	e Treasury - Interna	al Revenue Service	
		and Tax S				2020			•		
D. CONTROL		This Information is to the Internal Reve		2020	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME TAX	WITHHELD 32794.23	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD				

D. CONTROL NUM 000113697401		ation is being furnished nal Revenue Service	2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 156596.00		2. FEDERAL INCOME TAX WITHHELD 32794.23				
B. EMPLOYER IDE	NTIFICATION NUMBE	R A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
13-3789932		597-69-9593				137700.00			8537.40		
C. EMPLOYER'S N	AME, ADDRESS, ANI	D ZIP CODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
	ment Partners LLO	С			156596.00			2270.64			
501 Boylston S Suite 3103 Boston MA 021					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS		
DOSCOIT PIA 021	10				9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUAL	11. NONQUALIFIED PLANS			12.a-d		
Priya		Ganar	athi Raja	Vijaya							
4788 Stratford Ave Fremont CA 94538 USA						14. OTHER CA SDI 1229.09					
	DDRESS AND ZIP COE	DE						13. STATUTORY RET PLA	REMENT THIRD PARTY SICK PAY		
	PLOYER'S STATE I.D.	NO. 16. STATE WAG				18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
CA 410	0-6193-8		156596.	00	12679.10						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

000113697401 to the Internal R		This Information is			ОМВ	NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 156596.00			2. FEDERAL INCOME TAX WITHHELD			
				2020					96.00			32794.23	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER								3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
13-3789932 597-69-9593							137700.00				8537.40		
C. EMPLOYE	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
		artners LLC			156596.00				2270.64				
501 Boylston St Suite 3103 Boston MA 02116							7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
DOSCOII PIA	02110						9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						11. NONQUALIFIED PLANS				12.a-d		
Priya Ganapathi Raja Vijaya													
4788 Stratford Ave Fremont CA 94538						14. OTHER CA SDI 1229.09							
USA										13. STATUTORY RETIREMENT THIRD PARTY			
F. EMPLOYEE'S ADDRESS AND ZIP CODE											EMPLOYEE PLAN	SICK PAY	
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
CA	410-6193	-8		156596	.00		12679.10						