| Copy B To Be Filed With Employee's | | | 2020 OMB No. 1545-0008 | | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | | | 202 | OMB N 1545-0 | |
|--|---|---|-----------------------------------|--|---|--|----------------|--|----------------------|--|--|
| a. Employee's SSN | | | 2 Federal income | tax withheld | | yee's SSN | | jes,tips, other comp. | | ncome tax withheld | |
| 829-44-2781 | 3 Social | 40401.79 security wages 4 | Social security ta | 4387.43 | 829- | 829-44-2781 | | 40401.79 3 Social security wages | | 4387.4 4 Social security tax withheld | |
| b. Employer ID number | | 40401.79 | 6 Medicare tax wit | 2504.91 | b. Empl | oyer ID number | | 40401.79 | | 2504.9 | |
| 26-0207761 | 5 Medica | 40401.79 | iviedicare tax wit | 585.82 | 26-0 | 0207761 | 5 Med | 40401.79 | 6 Medicare | tax withheld 585.8 | |
| c. Employer's name, addre PROGRESS SOLI 2601 Network FRISCO, TX 7 | UTION: Blvd | S INC | | | PRC 260 | oyer's name, addr OGRESS SOL 11 Network SSCO, TX 7 | UTION Blvd | S INC | | | |
| d. Control number | | | | | d. Contr | ol number | | | | | |
| 27 | | | | | 27 | | | | | | |
| e.Employee's name, addre Anooj Teja S 7 West Aparti Minneapolis, | udarsl ments | nanam , 1800 Washingt | | | And | oyee's name, addre ooj Teja S West Apart Uneapolis, | udars ments | hanam , 1800 Washingt | | | |
| 7 Social security tips | security tips 8 Allocated tips | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| 10 Dependent care benefits | ent care benefits 11 Nonqualified plans | | 12a Code See inst. for box 12 | | 10 Dependent care benefits | | s · | 11 Nonqualified plans | | 12a Code See inst. for box | |
| 13 Statutory employee 1 | tutory employee 14 Other | | 12b Code | | 13 Statutory employee 1 | | 14 Other | 14 Other | | 12b Code | |
| Retirement plan | tirement plan | | 12c Code | | Retirement plan | | 1 | | | 12c Code | |
| Third party sick pay | | | 12d Code | | Thi | rd party sick pay | 1 | | 12d Cod | e | |
| MN 2031608 | | 40401.7 | 79 | 1882.06 | MN | 2031608 | | 40401. | 79 | 1882.0 | |
| 15 State Emplr.'s state I 18 Local wages, tips,etc. | | 16 State wages, tips, etc. Local income tax | 17 State inco 20 Locality name | | 15 State | Emplr.'s state wages, tips, etc | | 16 State wages, tips, etc. 19 Local income tax | | te income tax lity name | |
| This information is being furnished to the IRS. If you are require penalty/other sanction may be imposed on you if this income is taxable Copy C For EMPLOYEE'S RECORDS See Notice to Employee) | | 2020 OMB No . 1545-0008 | | AWW2-B22C Copy 2 To Be Filed With City, or Local Income | | Nith Em | | | OMB N 1545-0 | | |
| a. Employee's SSN | 1 Wages | tips, other comp. 40401.79 | Prederal income | tax withheld 4387.43 | | yee's SSN | 1 Wag | es,tips, other comp. 40401.79 | 2 Federal in | come tax withheld | |
| 829-44-2781 | 3 Social | security wages 40401.79 | Social security to | ax withheld 2504.91 | | 44-2781 | 3 Socia | al security wages 40401.79 | 4 Social sec | urity tax withheld 2504. | |
| b. Employer ID number | | re wages and tips | 6 Medicare tax w | ith he I d | b. Emp1 | oyer ID number | | care wages and tips | | tax with held | |
| 26-0207761 c. Employer's name, addre | ss, and ZI | 40401.79 P code | | 585.82 | - | 0207761 oyer's name, addre | ess, and Z | 40401.79 | | 585. | |
| PROGRESS SOL 2601 Network FRISCO, TX 7 | Blvd | | | | 260 | GRESS SOL 1 Network SCO, TX 7 | Blvd | | | | |
| d. Control number | | | | | d. Contro | ol number | | | | | |
| e. Employee's name, address, and ZIP code | | | | | e. Employee's name, address, and ZIP code | | | | | | |
| Anooj Teja S 7 West Aparti Minneapolis, | ments | , 1800 Washingt | | | 7 W | ooj Teja S Vest Apart Ineapolis, | ments | , 1800 Washingt | | | |
| 7 Social security tips | 87 | Allocated tips | | | 7 Socia | I security tips | | 8 Allocated tips | | | |
| 10 Dependent care benefi | ts 11 l | Nonqualified plans | 12a Code See i | nst. for box 12 | 10 Depe | ndent care benefit | s 1 | 1 Nonqualified plans | 12a Code | See inst. for box | |
| 13 Statutory employee | 4 Other | | 12b Code | | 13 Statu | tory employee | 14 Other | | 12b Code | 9 | |
| Retirement plan | | | 12c Code | | Re | tirement plan | | | 12c Code | э | |
| Third party sick pay | | | 12d Code | | Thi | d party sick pay | - | | 12d Code | • | |
| MN 2031608 | | 40401.7 | 19 | 1882.06 | MN | 2031608 | 1 | 40401. | 79 | 1882. | |
| 15 State EmpIr.'s state I 18 Local wages, tips, etc. | | 16 State wages, tips, etc. ocal income tax | 17 State inco | | 15 State 18 Loca | Emplr.'s state I wages, tips, et c. | | 16 State wages, tips, etc. 9 Local income tax | 17 Stat 20 Locali | te income tax ty name | |
| Form W-2 Wage and Tax | Statement | 39-1908647 | Dept. of the | Treasury IRS | Form | W-2 Wage and Ta | ax Stateme | nt 39-1908647 | Dept. o | f the Treasury I | |