

d Control number 79194	1 Wages, tips, other compensation 62287.14	2 Federal income tax withheld 5552.08
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
PRIME HEALTHCARE MANAGEMENT
3300 EAST GUASTI
ONTARIO CA 91761

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 4.38
12b DD 6432.66	12c	12d

b Employer identification number (EIN) 20-3952701	a Employee's social security number 715-98-0092		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
SANTHOSH KUMAR NEELA
808 W. ARROYO PARK LN UNIT A
HARLINGEN TX 78550

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.

2020 Form **W-2 Wage and Tax Statement**

15 State Employer's state I.D. No.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on back of Copy B)

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PRIME HEALTHCARE MANAGEMENT
3300 EAST GUASTI
ONTARIO CA 91761

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e Employee's name, address and ZIP code
SANTHOSH KUMAR NEELA
808 W. ARROYO PARK LN UNIT A
HARLINGEN TX 78550

2020 Form **W-2 Wage and Tax Statement**

15 State Employer's state I.D. No.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

d Control number 79194	1 Wages, tips, other compensation 62287.14	2 Federal income tax withheld 5552.08
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
PRIME HEALTHCARE MANAGEMENT
3300 EAST GUASTI
ONTARIO CA 91761

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 4.38
12b DD 6432.66	12c	12d

b Employer identification number (EIN) 20-3952701	a Employee's social security number 715-98-0092		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
SANTHOSH KUMAR NEELA
808 W. ARROYO PARK LN UNIT A
HARLINGEN TX 78550

2020 Form **W-2 Wage and Tax Statement**

15 State Employer's state I.D. No.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

d Control number 79194	1 Wages, tips, other compensation 62287.14	2 Federal income tax withheld 5552.08
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
PRIME HEALTHCARE MANAGEMENT
3300 EAST GUASTI
ONTARIO CA 91761

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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 4.38
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e Employee's name, address and ZIP code
SANTHOSH KUMAR NEELA
808 W. ARROYO PARK LN UNIT A
HARLINGEN TX 78550

2020 Form **W-2 Wage and Tax Statement**

15 State Employer's state I.D. No.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return