Copy B, To Be Filed with FEDERAL Tax Return.	n Employee's	OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld	
705-19-8933	93138.85	15879.86	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	94927.00	5885.47	
23-2872921	5 Medicare wages and tips	6 Medicare tax withheld	
23-2072921	94927.00	1376.44	
JUDGE TECHNICAL 151 S. WARNER ROSUITE 100 WAYNE, PA 19087 (610) 667-7700			
d Control Number			
e Employee's first name and	initial Last name	Suff.	
RAJA RONDLA 4705 CHRISTIANA BEAR, DE 19701			
7 Social security tips	8 Allocated tips	9	
1 Coolai Goodiniy lipo	o / mosatoa upo		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
		D 1788.15	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
∠ Third-party sick pay		101 0:1:	
Trillid-party sick pay		12d Code	
15 State Employer's state ID		17 State income tax	
DE 1-232872921-001 93138.85 5247.48			
18 Local wages, tips, etc.	19 Local income tax 20 L	ocality name	
VBA Form W-2	Wage and Tax Statement 2	Department of the Treasury	

Copy 2, To Be Filed with State, City, or Local Inco		OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld	
705-19-8933	93138.85	15879.86	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN)	94927.00	5885.47	
23-2872921	5 Medicare wages and tips	6 Medicare tax withheld	
	94927.00	1376.44	
c Employer's name, addres JUDGE TECHNICAL 151 S. WARNER R SUITE 100 WAYNE, PA 19087 (610) 667-7700	SERVICES, INC		
e Employee's first name and	initial Last name	Suff.	
RAJA RONDLA 4705 CHRISTIANA BEAR, DE 19701			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code D 1788.15	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax DE 1-232872921-001 93138.85 5247.48			
18 Local wages, tips, etc.	19 Local income tax 20 L	ocality name	
'BA Form W-2	Wage and Tax Statement 2	■ Department of the Treasury	

Wage and Tax Statement

Form W-2

2020 Department of the Treasury – Internal Revenue Service

Copy C, For EMPLOYEE's (See Notice to Employee		OMB No. 1545-0008
a Employee's SSN	1 Wages, tips, other compensati	on 2 Federal income tax withheld
	93138.8	15879.86
705-19-8933	3 Social security wages	4 Social security tax withheld
b Employer ID no. (EIN)	94927.0	5885.47
	5 Medicare wages and tips	6 Medicare tax withheld
23-2872921	94927.0	1376.44
JUDGE TECHNICAL 151 S. WARNER RC SUITE 100 WAYNE, PA 19087 (610) 667-7700		
d Control Number		
RAJA RONDLA 4705 CHRISTIANA BEAR, DE 19701 f Employee's address and ZN		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
		D 1788.15
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID r	umber 16 State wages, tips, etc	. 17 State income tax
DE 1-232872921-	001 93138	.85 5247.48
18 Local wages, tips, etc.	19 Local income tax 20	Locality name
VBA Form W-2 V	Vage and Tax Statement	2020 Department of the Treasury

wage and Tax Statement 2000 Department of the Treasur 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.

Copy 2, To Be Filed with State, City, or Local Inco		OMB No. 1545-0008
a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
a Litiployee's 33iv		
705-19-8933	93138.85	15879.86
b Employer ID no. (EIN)	3 Social security wages	4 Social security tax withheld
b Employer ID No. (EIN)	94927.00 5 Medicare wages and tips	5885.47 6 Medicare tax withheld
23-2872921	94927.00	1376.44
c Employer's name, address JUDGE TECHNICAL 151 S. WARNER RO SUITE 100 WAYNE, PA 19087 (610) 667-7700 d Control Number e Employee's first name and RAJA RONDLA 4705 CHRISTIANA BEAR, DE 19701	SERVICES, INC AD initial Last name	Suff.
f Employee's address and ZII 7 Social security tips	code 8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
Dependent care penents	11 Noriqualilled plans	D 1788.15
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID n	umber 16 State wages, tips, etc.	17 State income tax
DE 1-232872921-	001 93138.8	5 5247.48
18 Local wages, tips, etc.	19 Local income tax 20 Lo	ocality name
MDA		December of the 7
VBA Form W-2 \	Vage and Tax Statement	Department of the Treasury