b Employer's Identification number 83-3379603	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	46200.00	5706.35
INBOUND-PARTNERS, LLC	12b	3 Social security wages	4 Social security tax withheld
·	\$ 12c	5 Medicare wages and tips	6 Medicare tax withheld
401 N MICHIGAN AVE. ST# 1200	\$	5 Medicare wages and ups	o Medicare tax witimeid
	12d	7 Social security tips	8 Allocated tips
CHICAGO IL 60611	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
11403279	Internal Revenue Service	11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAJESH GOLLAPALLI	Copy B To Be Filed with		employéé plan sick pay
2302 SHADOWOOD PARKWAY	Employee's FEDERAL	14 Other	
	Tax Return		
ATLANTA GA 30339	a Employee's soc. sec. no		
f Employee's address and ZIP code	357-75-1717		
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
GA 3391090-TF 46200.00 2365.14			
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy B To Be Filed \	I With Employee's FEDERAL Tax Return
2020			
b Employer's Identification number c Employer's name, address, and ZIP code 83-3379603	12a See instructions for Box 12	1 Wages, tips, other compensation	
	\$ 12b	46200.00 3 Social security wages	5706.35
INBOUND-PARTNERS, LLC	le le	5 Octal security wages	4 Social Security tax withheld
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CHICAGO IL 60611	12d	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	\$	9	10 Dependent care benefits
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	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
RAJESH GOLLAPALLI	Local Tax Departments		employee plan sick pay
2302 SHADOWOOD PARKWAY	200a: 1ax 20pa: 1	14 Other	
ATLANTA GA 30339	a Employee's soc. sec. no		
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
REV 01/07/21 OSP			
	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603	\$	46200.00	5706.35
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b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC	\$	46200.00 3 Social security wages	5706.35 4 Social security tax withheld
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b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611	\$ 12b \$ 12c \$	46200.00 3 Social security wages 5 Medicare wages and tips	5706.35 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips
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