



W-2 Wage and Tax Statement **2020**
 Copy C for employee's records. OMB No. 1545-0008

d Control number 000087 RO/7RF Dept. RO/7RF Corp. A Employer use only A

c Employer's name, address, and ZIP code
OPTIMAL TECHNOLOGIES INC
 2775 CRUSE RD NW 2502
 LAWRENCEVILLE, GA 30044

Batch #92880

e/f Employee's name, address, and ZIP code
ARUN PAIDI
 3939 MONROE AVE
 APT # 259
 FREMONT, CA 39456

b Employer's FED ID number 26-1291361 a Employee's SSA number XXX-XX-4245

1 Wages, tips, other comp. 5000.00 2 Federal income tax withheld 86.68
 3 Social security wages 2500.00 4 Social security tax withheld 155.00
 5 Medicare wages and tips 2500.00 6 Medicare tax withheld 36.25
 7 Social security tips 8 Allocated tips
 9 10 Dependent care benefits
 11 Nonqualified plans 12a See instructions for box 12
 14 Other 12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
 15 State Employer's state ID no. 16 State wages, tips, etc.
 17 State income tax 18 Local wages, tips, etc.
 19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	5,000.00	5,000.00	5,000.00
Reported W-2 Wages	5,000.00	2,500.00	2,500.00

2. Employee Name and Address.

ARUN PAIDI
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 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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Federal Filing Copy

W-2 Wage and Tax Statement **2020**
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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State Reference Copy

W-2 Wage and Tax Statement **2020**
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

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City or Local Reference Copy