

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

c Employer's name, address, and ZIP code
 CITY OF CORPUS CHRISTI
 PO BOX 9277
 1201 LEOPARD
 CORPUS CHRISTI TX 784699277

e Employee's name, address, and ZIP code **Suff.**
 Asha Nair
 3030 Besterio Dr
 Corpus Christi TX 78415

7 Social security tips		1 Wages, tips, other comp. 55084.50	2 Federal income tax withheld 6279.98			
8 Allocated tips		3 Social security wages 59230.60	4 Social security tax withheld 3672.30			
9		5 Medicare wages and tips 59230.60	6 Medicare tax withheld 858.84			
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 DD 232.68			
13 Statutory employee Retirement Plan Third-party Sick pay X		14 Other RET 4146.10	12b			
b Employer identification number (EIN) 74-6000574			12c			
a Employee's social security no. 712-81-9882			12d			
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

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov.

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

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.

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

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