

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

OMB No. 1545-0008

a Employee's soc. sec. no. 882 - 31 - 2979		1 Wages, tips, other comp. 94680.65	2 Federal income tax withheld 9544.60
b Employer ID number (EIN) 36-4334124	3 Social security wages 101913.06	4 Social security tax withheld 6318.61	
	5 Medicare wages and tips 101913.06	6 Medicare tax withheld 1477.74	
c Employer's name, address, and ZIP code ABILITY COMMERCE, INC. 800 NW 17TH AVE. SUITE B DELRAY BEACH, FL 33445			
d Control number 33445			
e Employee's name, address, and ZIP code SUMAN SHIVA 1004 GREEN PINE BLVD APT A2 WEST PALM BEACH, FL 33409			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12 D	12b Code DD
13 Statutory employee Retirement plan X		14 Other DD	14193.98
Third-party sick pay		12c Code W	1000.00
12d Code			
FL 2242184-0	94680.65	17 State income tax	0.00
15 State Employer's state ID number	16 State wages, tips, etc.	19 Local income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

OMB No. 1545-0008

a Employee's soc. sec. no. 882 - 31 - 2979		1 Wages, tips, other comp. 94680.65	2 Federal income tax withheld 9544.60
b Employer ID number (EIN) 36-4334124	3 Social security wages 101913.06	4 Social security tax withheld 6318.61	
	5 Medicare wages and tips 101913.06	6 Medicare tax withheld 1477.74	
c Employer's name, address, and ZIP code ABILITY COMMERCE, INC. 800 NW 17TH AVE. SUITE B DELRAY BEACH, FL 33445			
d Control number 33445			
e Employee's name, address, and ZIP code SUMAN SHIVA 1004 GREEN PINE BLVD APT A2 WEST PALM BEACH, FL 33409			
7 Social security tips 0.00	8 Allocated tips 0.00	9	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code D	12b Code DD
13 Statutory employee Retirement plan X		14 Other DD	14193.98
Third-party sick pay		12c Code W	1000.00
12d Code			
FL 2242184-0	94680.65	17 State income tax	0.00
15 State Employer's state ID number	16 State wages, tips, etc.	19 Local income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

W-2 Wage and Tax Statement

2020

Form **W-2** Wage and Tax Statement
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

CRDWM2APP1_dalvarez;2.10130123515-417298

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
 Accion Labs US Inc.
 DDI Plaza I 1225 Washington Pike
 Suite 401
 Bridgeville, PA 15017
 US

e Employee's name, address, and ZIP code
 Koora Shruthi
 1004 Green Pine Blvd Apt A2
 West Palm Beach, FL 33409

15 State Employer's state ID number
16 State wages, tips, etc.

W-2 Wage and Tax Statement

2020

Form **W-2** Wage and Tax Statement
Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

CRDWM2APP1_dalvarez;2.10130123515-417298

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
 Accion Labs US Inc.
 DDI Plaza I 1225 Washington Pike
 Suite 401
 Bridgeville, PA 15017
 US

e Employee's name, address, and ZIP code
 Koora Shruthi
 1004 Green Pine Blvd Apt A2
 West Palm Beach, FL 33409

d Control number
 597130

7 Social security tips

8 Allocated tips

9

12a See instructions for box 12

12b

12c

12d

b Employer identification number (EIN)
 27-4827982

13 Statutory employee Retirement plan Third-party sick pay
a Employee's social security number
 XXX-XX-1953

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

d Control number
 597130

7 Social security tips

8 Allocated tips

9

12a See instructions for box 12

12b

12c

12d

b Employer identification number (EIN)
 27-4827982

13 Statutory employee Retirement plan Third-party sick pay
a Employee's social security number
 XXX-XX-1953

1 Wages, tips, other compensation
 1,248.00

2 Federal income tax withheld
 0.00

3 Social security wages
 1,248.00

4 Social security tax withheld
 77.38

5 Medicare wages and tips
 1,248.00

6 Medicare tax withheld
 18.10

10 Dependent care benefits
 0.00

11 Nonqualified plans
 0.00