Copy B To Be Filed v). · · ·	2020 OMB No. 1545-0008	Copy 2 To Be F City, or Local Inc	iled With Emp come Tax Re	oloyee's State, turn.		20 3 No. 1545-0008	
a Employee's SSN	ges, tips, other comp. 40368.00	2 Federal income tax withheld 5772.62	a Employee's SSN	1 Wages, tips, of	ther comp. 40368.00	2 Federa	l income tax withheld 5772.62	
201-06-7175 3 Soc	cial security wages	4 Social security tax withheld	201-06-7175	3 Social security	wages	4 Social s	security tax withheld	
b Employer ID no. (EIN) 5 Med	dicare wages and tips	6 Medicare tax withheld	b Employer ID no. (EIN)	5 Medicare wage	es and tips	6 Medica	re tax withheld	
27-3465963			27-3465963	, and the second	•			
c Employer's name, address, ORPRIZE LLC 41986 MILL OT			c Employer's name, ac ORPRIZE LI 41986 MILI	LC				
ASHBURN	JAKIEK I HACE	VA 20148		u QUARTEI	X FLACE	7.77	20140	
d Control number		VA 20148	ASHBURN d Control number			VA	20148	
a Control Hamber			d Control Humber					
e Employee's name, address,	e Employee's name, a	Suff.						
VENUGOPAL CHA 359 N WEST ST INDIANAPOLIS		IN 46202	VENUGOPAL 359 N WES' INDIANAPO	T ST, AP:		IN	46202	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocat	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care bene	efits 11 Nonqu	alified plans	12a Co	ode See inst. for box 12	
13 14 Other		12b Code	13	14 Other	Other		12b Code	
Statutory employee		12c Code	Statutory employee				12c Code	
Retirement Plan			Retirement Plan					
Third-party sick pay		12d Code	Third-party sick pay		12d Code			
VA 30-273465963	3F-001 4036	58.00	- ' 	55963F-001	4036	8.00		
15 State Employer's state ID number 16 State wages, tips,		os, etc. 17 State income tax	15 State Employer's state ID number 16 State wages, tip			s, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, et	c. 19 Local i	ncome tax	20 Locality	/ name	
Form W-2 Wage and Tax State This information is being furnished to	ment the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Ta	ax Statement	·		Dept. of the Treasury - IR	

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.

CODY C FOR EMPLOYEE'S RECORDS.

2020

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).					2020			
•			her comp		MB No. 1545-0008 al income tax withheld			
a Employee's SSN	1 wag	Wages, tips, other comp. 40368.00		5772.62				
201-06-7175	3 Soci	al security		4 Social security tax withheld				
b Employer ID no. (EIN)		,	· ·		•			
	5 Med	icare wage	s and tips	6 Medica	are tax withheld			
27-3465963								
c Employer's name, ac ORPRIZE L	ddress, a LC	and ZIP cod	de					
41986 MIL	L QU	JARTEF	R PLACE					
ASHBURN				VA	VA 20148			
d Control number								
359 N WES INDIANAPO		, API	Г 486	IN	46202			
7 Social security tips	8 Allocated tips		9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12				
13 14 Ot		her		12b C	12b Code			
Statutory employee				120 (12c Code			
Retirement Plan								
Third-party sick pay				12d C	Code			
1	E063	₽ 001	4026	0 00				
VA 30-27346	r-UUI	40368.0						
15 State Employer's sta	te ID nur	mber	16 State wages, tip	os, etc.	17 State income tax			
18 Local wages, tips, etc. 19 Local income tax 20 Locality name					ty name			

REV 12/22/20 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.					, 2020 OMB No. 1545-0008				
• • • • • • • • • • • • • • • • • • • •					I income tax withheld				
a Employee's SSN		, , - , - , - ,	40368.00		5772.62				
201-06-7175	3 Soci	al security			security tax withheld				
b Employer ID no. (EIN)			1.0		_				
27-3465963	5 Med	icare wages and tips 6			ıca	re tax withheld			
c Employer's name, a ORPRIZE I	ıLC			I					
ASHBURN VA 20148						20148			
d Control number									
e Employee's name, a VENUGOPAI 359 N WES	CHA	ARY BA	AIROJU			Suff.			
INDIANAPO	LIS			IN	Γ	46202			
7 Social security tips		8 Allocated tips		9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12					
13 14 Ot		her		12b	12b Code				
Statutory employee				12c	12c Code				
Retirement Plan				12d	12d Code				
Third-party sick pay			T						
VA 30-2734	65963	F-001 40368		8.0	О				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						17 State income tax			
18 Local wages, tips, e	tc.	19 Local ir	Local income tax 2		20 Locality name				
Form W-2 Wage and T	ax Stater	ment				Dept. of the Treasury - IRS			