Copy B To Be Filed with Employee's 2020 FEDERAL Tax Return. OMB No. 1545-0008						Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008									
a Employee's SSN	1 Wag	es, tips, oth	er comp. 40368.00	2 Federa	l income tax withh 577	neld 2.62	a Empl	oyee's SSN	1 Wag	es, tips, otł	ner comp. 40368.00		l income tax withheld .		
201-06-7175	3 Soci				4 Social security tax withheld		201-	06-7175 3 Social security wages			wages	4 Social security tax withheld			
b Employer ID no. (EIN)	E Mad		andting	C Madias	امام طفيت بيجامع		<b>b</b> Emplo	yer ID no. (EIN)	E Madi		a and tine	C Madias			
27-3465963	27-3465963			o medica	6 Medicare tax withheld			5 Medicare wages and tips					6 Medicare tax withheld		
c Employer's name, add ORPRIZE LI	dress, a LC	ind ZIP cod	e					loyer's name, ac PRIZE LI		nd ZIP cod	le				
41986 MILL QUARTER PLACE							41986 MILL QUARTER PLACE								
ASHBURN VA 20148							ASHBURN					VA	20148		
d Control number							d Cont	rol number							
e Employee's name, ad	ldress, a	and ZIP cod	le			Suff.	e Empl	loyee's name, a	ddress, a	and ZIP cod	de		S	Suff.	
VENUGOPAL CHARY BAIROJU 359 N WEST ST, APT 486 INDIANAPOLIS IN 46202							VENUGOPAL CHARY BAIROJU 359 N WEST ST, APT 486 INDIANAPOLIS				IN 46202				
7 Social security tips	social security tips 8 Allocated tips		9	9		7 Socia	7 Social security tips		8 Allocated tips		9				
10 Dependent care benef	Dependent care benefits 11 Nonqualified		ified plans	12a Code See inst. for box 12		box 12	10 Dependent care benefits		efits	its 11 Nonqualified plans		12a Code See inst. for box 12			
13	14 Other			12b C	12b Code				14 Ot	14 Other			12b Code		
Statutory employee				12c C	ode		Statutory	employee				12c Co	ode		
Retirement Plan				120 0	oue		Retiremer	nt Plan				120 0	Jue		
Third-party sick pay				<b>12d</b> C	ode		Third-part	y sick pay				12d Co	ode		
IN			4036	58.00	1851.	84	IN				403	68.00	1851.84		
15 State Employer's sta	ate ID r	umber	16 State wages, ti	ps, etc.	17 State income	tax	15 State	Employer's stat	te ID nun	nber	16 State wages, ti	ps, etc.	17 State income tax		
18 Local wages, tips, etc		19 Local in	come tax	<b>20</b> Loca	ality name		18 Loca	l wages, tips, et	c.	<b>19</b> Local ir	icome tax	<b>20</b> Localit	y name		
Form W-2 Wage and Tax This information is being furnis	x Stater shed to th	nent ne Internal Rev	venue Service.	1	Dept. of the Treas	sury - IRS	Form W	-2 Wage and Ta	ax Staten	nent		1	Dept. of the Treasury	/ - IRS	

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.

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.						REV 12/22/20 QBDT							
Copy C For EMPL (See Notice to Em		CORDS.	202 OM	20 B No. 1545-0008	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-00								
a Employee's SSN 1	1 Wages, tips, oth	•	2 Federa	l income tax withheld	a Empl	oyee's SSN	1 Wage		ner comp.	2 Feder	al income tax withheld		
		40368.00		5772.62					40368.00		5772.62		
201-06-7175 3	3 Social security v	wages	4 Social s	security tax withheld	201-	-06-7175	3 Social	I security	wages	4 Social	security tax withheld		
b Employer ID no. (EIN)	5 Medicare wages	s and tins	6 Medica	re tax withheld	<b>b</b> Emplo	yer ID no. (EIN)	5 Medic	are ware	s and tips	6 Medic	are tax withheld		
27-3465963	• Medicare wage		• Wealca		27-	3465963	Jineaic	are wage	and tipa	• Weak			
c Employer's name, addr ORPRIZE LL		e			c Empl OR	oyer's name, ad PRIZE LI	ldress, an LC	Id ZIP cod	le				
41986 MILL	QUARTER	PLACE			41	986 MIL	L QUA	ARTEF	R PLACE				
ASHBURN			VA	20148	AS	ASHBURN					VA 20148		
d Control number					d Cont	rol number							
e Employee's name, add VENUGOPAL 359 N WEST INDIANAPOL	CHARY BA ST, APT	IROJU	IN	Suff.	VE: 35	oyee's name, ac NUGOPAL 9 N WES DIANAPO	CHAN T ST	RY BA	AIROJU	IN	Suff.		
7 Social security tips 8 Allocated tips			9		-	7 Social security tips 8 Allocated tips			ad tins	9			
	<b>U</b> / module	C Anocated tips		5						Ĵ			
10 Dependent care benefit	ependent care benefits 11 Nonqualified plans		12a Code See inst. for box 12		<b>10</b> Depe	10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12			
13 Statutory employee Retirement Plan Third-party sick pay	atutory employee tirement Plan			12b Code 12c Code 12d Code		13 14 Other   Statutory employee Retirement Plan   Third-party sick pay Ital Other				12b Code 12c Code 12d Code			
IN			58.00	1851.84	IN					58.00			
15 State Employer's state		16 State wages, tip		17 State income tax		Employer's stat			16 State wages, tip		17 State income tax		
18 Local wages, tips, etc.	<b>19</b> Local in	come tax	20 Locality	/ name	18 Loca	l wages, tips, etc	c. 1	9 Local ir	icome tax	20 Locali	ty name		
Form W-2 Wage and Tax	Statement			Dept. of the Treasury - IRS	Form W	-2 Wage and Ta	ax Stateme	ent			Dept. of the Treasury - IRS		