

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2020 OMB No. 1545-0008	
a Employee's SSN 201-06-7175	1 Wages, tips, other comp. 40368.00	2 Federal income tax withheld 5772.62	
b Employer ID no. (EIN) 27-3465963	3 Social security wages	4 Social security tax withheld	
c Employer's name, address, and ZIP code ORPRIZE LLC 41986 MILL QUARTER PLACE ASHBURN VA 20148		5 Medicare wages and tips	
d Control number		6 Medicare tax withheld	
e Employee's name, address, and ZIP code VENUGOPAL CHARY BAIROJU 359 N WEST ST, APT 486 INDIANAPOLIS IN 46202		7 Social security tips	
8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12		12b Code	
12c Code		12d Code	
13 Statutory employee	14 Other	15 State Employer's state ID number	
Retirement Plan	Third-party sick pay	40368.00	1851.84
16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	
20 Locality name			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2020 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement

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.

REV 12/22/20 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2020 OMB No. 1545-0008	
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