Copy B To Be Fi FEDERAL Tax R		n Employe	ee's		2020
a Employee's soc. sec. no. 667-34-9777		1 Wages, tip 11026	s, other comp. 6.40	76	leral income tax withheld 522.62
b Employer ID number		3 Social section 11316	, ,		oial security tax withheld 016.42
03-0529614		5 Medicare v 11316	vages and tips 8.00		dicare tax withheld 640.94
c Employer's name, addres	ss, and ZIP	code			
4080 MCGINNIS FERI	RY RD SI	JITE 1206			
ALPHARETTA, GA 30	005				
	000000 p#265	)1			
e Employee's name, addre	ss, and ZIP	code			
ANAND MOHAN DHA	ARMAPU	RI			
42303 STONEMONT	CIRCLE				
ASHBURN, VA 20148					
7 Social security tips		8 Allocated tip	os		
10 Dependent care benefit	s	11 Nonqualifie	ed plans	12a Co D 2	<sup>de</sup> 2901.60
13 Statutory employee	14 Other			12b Cc	de
Retirement plan				12c Co	de
Third-party sick pay				12d Co	de
		4F-001	110266.40		5770.57
15 State Employer's s	tate ID nun		16 State wages, tips, e	tc	17 State income tax
18 Local wages, tips, etc		19 Local incom	me tax	20 Lo	cality name

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

	To Be File Local Inco			ee's State,		2020
a Employee's			1 Wages, tip:	s, other comp. 6.40		leral income tax withheld 22.62
b Employer II			3 Social sect			ial security tax withheld
03-052	9614		5 Medicare v 113168	vages and tips		dicare tax withheld
c Employer's RAPIDIT II	name, addres	s, and ZIP	code		•	
4080 MCG	INNIS FERE	RY RD SI	UITE 1206			
ALPHARE	TTA, GA 30	005				
d Control nur		000000 #265	)1			
	name, addres OHAN DHA					
42303 STC	NEMONT C	IRCLE				
ASHBURN	, VA 20148					
7 Social secu	rity tips		8 Allocated tip	os		
10 Depender	nt care benefits		11 Nonaualifie	ed plans	12a Co D 29	<sup>de</sup> 901.60
13 Statutory	employee	14 Other			12b Co	de
Retirement pla	an				12c Co	de
Third-party sid	ck pay				12d Co	de
VA	30-030	52961	4F-001	110266.40		5770.57
15 State	Employer's st	ate ID num	ber	16 State wages, tips, e	tc	17 State income tax
18 Local wag	es, tips, etc		19 Local income tax		20 Locality name	

2020

<sup>2</sup> Federal income tax withheld 7622.62

Social security tax withheld 7016.42

6 Medicare tax withheld 1640.94

Form W-2 Wage and Tax Statement

a Employee's soc. sec. no. 667-34-9777

b Employer ID number

03-0529614

d Control number

c Employer's name, address, and ZIP code RAPIDIT INC

e Employee's name, address, and ZIP code ANAND MOHAN DHARMAPURI 42303 STONEMONT CIRCLE ASHBURN, VA 20148

ALPHARETTA, GA 30005

4080 MCGINNIS FERRY RD SUITE 1206

0000000001 Emp#265

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

1 Wages, tips, other 110266.40

113168.00

5 Medicare wages and tips 113168.00

	For EMP					2020
	e's soc. sec. no. 4-9777		11026			deral income tax withheld 322.62
b Employer	ID number		3 Social section 11316			cial security tax withheld 116.42
03-052	29614		5 Medicare v 11316	vages and tips 8.00		dicare tax withheld 340.94
c Employer RAPIDIT	's name, addres	s, and ZIP	code			
4080 MC	GINNIS FERF	RY RD SU	JITE 1206			
ALPHARE	ETTA, GA 300	005				
d Control n		000000 0#265	)1			
	e's name, addres					
	MOHAN DHA		र।			
	ONEMONT (	IKCLE				
ASHBUKI	N, VA 20148					
7 Social sec	curity tips		8 Allocated tip	os		
10 Dependent care benefits		11 Nongualified plans		12a Code D 2901.60		
13 Statuton	v employee	14 Other	l.		12h Co	nde
Retirement p	olan <b>K</b>				12c Cc	ode
Third-party	sick pay				12d Cd	ode
VA	30-030	52961	4F-001	110266.40		5770.57
15 State	Employer's st	ate ID num	nber	16 State wages, tips, e	etc	17 State income tax
18 Local wa	iges, tips, etc		19 Local inco	me tax	20 Lo	cality name
F 144 0 14	Jago and Tay St		l		l	

7 Social security tips		8 Allocated tip	os				
10 Dependent care benefits		11 Nonqualified plans		12a Code D 2901.60			
13 Statutory employee 14 Other						12b Code	
Retirement plan				12c Code			
Third-party	sick pay				12d Co	de	
VA	30-030	-030529614F-001		110266.40		5770.57	
15 State	Employer's s	ate ID number		16 State wages, tips, e	etc	17 State income tax	
18 Local wages, tips, etc		19 Local income tax		20 Locality name			