


22222		a Employee's social security number 025-11-2813		OMB No. 1545-0008	
b Employer identification number (EIN) 68-0535594			1 Wages, tips, other compensation 56900.00		2 Federal income tax withheld 7994.35
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial MANIKANTA	Last name NOONE	Suff.	11 Nonqualified plans		12a C o l L 760.00
f Employee's address and ZIP code 474 E MARCELLO AVENUE TRACY CA 95391			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
			14 Other CASDI 569.00		12b
					12c
				12d	
15 State CA	Employer's state ID number 296-7175-7	16 State wages, tips, etc. 56900.00	17 State income tax 3472.54	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service

a Employee's social security number 025-11-2813		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 68-0535594			1 Wages, tips, other compensation 56900.00		2 Federal income tax withheld 7994.35				
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial MANIKANTA	Last name NOONE	Suff.	11 Nonqualified plans		12a See instructions for box 12 C o l L 760.00				
f Employee's address and ZIP code 474 E MARCELLO AVENUE TRACY CA 95391			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other CASDI 569.00		12c				
					12d				
15 State CA	Employer's state ID number 296-7175-7	16 State wages, tips, etc. 56900.00	17 State income tax 3472.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

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.

2020

Department of the Treasury—Internal Revenue Service

		a Employee's social security number 025-11-2813		OMB No. 1545-0008		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.	
b Employer identification number (EIN) 68-0535594				1 Wages, tips, other compensation 56900.00		2 Federal income tax withheld 7994.35	
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MANIKANTA		Last name NOONE		Suff.		11 Nonqualified plans	
						12a See instructions for box 12 C C L 760.00	
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
474 E MARCELLO AVENUE TRACY CA 95391						14 Other CASDI 569.00	
						12c	
f Employee's address and ZIP code							
15 State CA	Employer's state ID number 296-7175-7	16 State wages, tips, etc. 56900.00	17 State income tax 3472.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2020

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



		a Employee's social security number 025-11-2813		OMB No. 1545-0008			
b Employer identification number (EIN) 68-0535594				1 Wages, tips, other compensation 56900.00		2 Federal income tax withheld 7994.35	
c Employer's name, address, and ZIP code PVK CORPORATION 44081 PIPELINE PLAZA SUITE 315 ASHBURN VA 20147				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial MANIKANTA		Last name NOONE		Suff.		11 Nonqualified plans	
						12a See instructions for box 12 C C L 760.00	
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
474 E MARCELLO AVENUE TRACY CA 95391						14 Other CASDI 569.00	
						12c	
f Employee's address and ZIP code							
15 State CA	Employer's state ID number 296-7175-7	16 State wages, tips, etc. 56900.00	17 State income tax 3472.54	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
**Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return**

2020

Department of the Treasury—Internal Revenue Service