| h Employaria Identification number 0.3 3.77.0.003 | 12a Socinctructions for Poy 12 | 4 18/ 4:41 | 2 Federal income toy withhold |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| b Employer's Identification number c Employer's name, address, and ZIP code | \$ | 1 Wages, tips, other compensation 23400.00 | 2935.54 |
| INBOUND-PARTNERS, LLC | 12b | 3 Social security wages | 4 Social security tax withheld |
| INDOOND TIMINDRO, EEC | \$ | | |
| 401 N MICHIGAN AVE. ST# 1200 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | \$ 12d | 7 Social security tips | 8 Allocated tips |
| CHICAGO IL 60611 | \$ | | · |
| e Employee's first name and initial Last name | This information is being furnished to the | 9 | 10 Dependent care benefits |
| 11403279 | Internal Revenue Service | 11 Nonqualified plans | 13 Statutory Retirement Third-party |
| DHEERAJ K VEPURI | Copy B To Be Filed with | | 13 Statutory Retirement Third-party employee plan sick pay |
| 1901 CARNS DR, APT # 203, | Employee's FEDERAL | 14 Other | |
| | Tax Return | | |
| MADISON WI 53719 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 201-21-1313 | | |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| WI_ 036-1030507646-02 23400.00 1349.64 | | | |
| Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy B To Be Filed V | l Nith Employee's FEDERAL Tax Retur |
| 2020 | | | |
| | | | |
| b Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | | 1 Wages, tips, other compensation | |
| | \$ 12b | 23400.00 3 Social security wages | 2935.54 4 Social security tax withheld |
| INBOUND-PARTNERS, LLC | le le | o coolar scourtly wages | 4 Obolai Scourty tax witinicia |
| 401 N MIGHTONN NUE COUL 1200 | 12c | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 401 N MICHIGAN AVE. ST# 1200 | \$ | | |
| CHICAGO IL 60611 | 12d | 7 Social security tips | 8 Allocated tips |
| e Employee's first name and initial Last name | \$ | 9 | 10 Dependent care benefits |
| 11403279 | | | |
| | Copy 2 for State, City, or | 11 Nonqualified plans | 13 Statutory Retirement Third-party sick pay |
| DHEERAJ K VEPURI | Local Tax Departments | | pian sick pay |
| 1901 CARNS DR, APT # 203, | | 14 Other | |
| | | | |
| MADISON WI 53719 | a Employee's soc. sec. no | | |
| f Employee's address and ZIP code | 201-21-1313 | | loo I I'i |
| 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| | | | |
| Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | OMB # 1545-0008 | Copy 2 To Be Filed With Employee's STA | ATE, CITY, or LOCAL Tax Department |
| | | | |
| | | | |
| REV 01/07/21 OSP | | | |
| | 1. | 1 Wages, tips, other compensation | |
| b Employer's Identification number c Employer's name, address, and ZIP code | 12a See instructions for Box 12 | 1 Wages, tips, other compensation 23400.00 3 Social security wages | 2 Federal income tax withheld 2935.54 |
| | \$ | 23400.00 | 2935.54 |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC | \$ 12b \$ 12c | 23400.00 | 2935.54 |
| b Employer's Identification number c Employer's name, address, and ZIP code | \$ 12b \$ 12c \$ \$ | 23400.00 3 Social security wages 5 Medicare wages and tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC | \$ 12b \$ 12c \$ 12d | 23400.00 3 Social security wages | 2935.54 4 Social security tax withheld |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 | \$ 12b \$ 12c \$ \$ | 23400.00 3 Social security wages 5 Medicare wages and tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 | \$ 12b \$ 12c \$ 12d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name | \$ 12b \$ 12c \$ 12d | 23400.00 3 Social security wages 5 Medicare wages and tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 E Employee's first name and initial Last name 11403279 | \$ 12b \$ 12c \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI | \$ 12b \$ 12c \$ 12c \$ 12d \$ \$ Copy 2 for State, City, or | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI | \$ 2c \$ 2c \$ 2d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 | \$ 2b \$ 2c \$ 2d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code | \$ 2b \$ 2c \$ 2d \$ 2d \$ 2d \$ 2d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 | \$ 2b \$ 2c \$ 2d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 - 23400.00 - 1349.64 | \$ 2c \$ 2c \$ 2d \$ 2d \$ Copy 2 for State, City, or Local Tax Departments a Employee's soc. sec. no 201-21-1313 18 Local wages, tips, etc. | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employee's state I.D. No. 16 State wages, tips, etc. 17 State income tax | \$ 2b \$ 2c \$ 2d \$ 2d \$ 2d \$ 2d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | \$ 2b | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | \$ 2b | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Third-party sick pay plan |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 b Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | \$ 12b \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Sick pay plan Sick pay Dependent care benefits Dependent |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | \$ 12b \$ 12c \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Plan Third-party sick pay plan |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ 12b \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Sick pay plan Sick pay Dependent care benefits Dependent |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND-PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 b Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service | \$ 12b \$ 12c \$ 12c \$ 12d \$ 12b \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay ATE, CITY, or LOCAL Tax Department 2 Federal income tax withheld 2 9 3 5 . 5 4 4 Social security tax withheld 6 Medicare tax withheld |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ 12b \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan Third-party sick pay 20 Locality name ATE, CITY, or LOCAL Tax Department 2 Federal income tax withheld 2935.54 4 Social security tax withheld |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ 12b \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12 | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay ATE, CITY, or LOCAL Tax Department 2 Federal income tax withheld 2 9 3 5 . 5 4 4 Social security tax withheld 6 Medicare tax withheld |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ 12b \$ 12c \$ 12d \$ 12d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay plan Shape |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ 12b \$ 12c \$ 12d \$ 12d | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Sick pay Palan Pa |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND—PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state ID. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1NBOUND—PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name | \$ \$ 12b \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement plan sick pay plan ATE, CITY, or LOCAL Tax Department 2 Federal income tax withheld 2 9 3 5 . 5 4 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits |
| B Employer's Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ \$ 12b \$ 12c \$ 12d \$ | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Sick pay Palan Pa |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND - PARTNERS , LLC 401 N MICHIGAN AVE . ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name | \$ 12b \$ 12c \$ 12c \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12d \$ 12 | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Sick pay Palan Pa |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND—PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial DHEERAJ K VEPURI 1901 CARNS DR, APT # 203, MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state ID. No. 16 State wages, tips, etc. 17 State income tax WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code 1NBOUND—PARTNERS, LLC 401 N MICHIGAN AVE. ST# 1200 CHICAGO IL 60611 e Employee's first name and initial Last name | \$ \$ 2b | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Sick pay Palan Pa |
| BEMPLOYE'S Identification number c Employer's name, address, and ZIP code 83-3379603 | \$ \$ 2c | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Retirement Third-party sick pay Dependent care benefits Party State |
| b Employer's Identification number c Employer's name, address, and ZIP code INBOUND - PARTNERS , LLC 401 N MICHIGAN AVE . ST# 1200 CHICAGO IL 60611 a Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR , APT # 203 , MADISON WI 53719 f Employee's address and ZIP code 15 State Employer's state ID No. 16 State wages. tips. etc. WI 036-1030507646-02 23400.00 1349.64 Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service b Employer's Identification number c Employer's name, address, and ZIP code INBOUND - PARTNERS , LLC 401 N MICHIGAN AVE . ST# 1200 CHICAGO IL 60611 a Employee's first name and initial Last name 11403279 DHEERAJ K VEPURI 1901 CARNS DR , APT # 203 , MADISON WI 53719 | \$ \$ 2b | 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 14 Other 19 Local income tax Copy 2 To Be Filed With Employee's STA 1 Wages, tips, other compensation 23400.00 3 Social security wages 5 Medicare wages and tips 7 Social security tips 9 | 2935.54 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 13 Statutory Palan Sick pay Palan Pa |