

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code
 STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 165 CAPITOL AVENUE
 HARTFORD CT 06106-1667

e Employee's name, address, and ZIP code
 KINNERA KATA
 250 MAIN ST - APT 309
 UOC01873 UOC000138 472594
 HARTFORD CT 06106

7 Social security tips	1 Wages, tips, other compensation 10289.69	2 Federal income tax withheld 792.47
8 Allocated tips	3 Social security wages 876.40	4 Social security tax withheld 54.34
9	5 Medicare wages and tips 876.40	6 Medicare tax withheld 12.71
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 06-6000798		12c
a Employee's social security number Applied For		12d
15 State Employer's state ID number CT CT0502633-002	16 State wages, tips, etc. 10289.69	17 State income tax 719.24
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0008

Dept. of the Treasury - IRS
 Visit the IRS website at www.irs.gov/efile.

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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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

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