22222	a Employee's social security number 813180769	OMB No. 1545-0008							
b Employer identification number (EIN)			1 Waq	1 Wages, tips, other compensation			2 Federal income tax withheld		
46-1138641			21608.00			1609.74			
c Employer's name, address, and	ZIP code		3 Social security wages			4 Social security tax withheld			
ShoreWise Consulti	ng LLC		21608.00			1339.69			
745 Barclay Cir			5 Medicare wages and tips			6 Medicare tax withheld			
310			21608.00			313.31			
Rochester MI 48307			7 Social security tips		8 Allocated tips				
Nochester Mr 40307			0.00			0.00			
d Control number			9 Verification code			10 Dependent care benefits			
1046			0.00						
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans 12a						
Uma Vennapusa						o d e			
1305 LOUISA LANE			13 State emp	utory Retirement loyee plan	Third-party sick pay	12b			
					o d e				
 Mechanicsburg PA 1	7050		14 Other 12c						
Mechanicsburg PA 17050					o d e				
						12d			
						o d e			
f Employee's address and ZIP code									
15 State Employer's state ID num		17 State incom	ne tax	18 Local wages,	tips, etc.	19 Local inco	ome tax	20 Locality name	
PA	21608.00	663.37							

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

2020

Department of the Treasury-Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

	a Employee's social security number 813180769	OMB No. 1545		Safe, accurate, FAST! Use		e IRS website at s.gov/efile	
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld		
46-1138641			2160	8.00	1609.74		
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld		
ShoreWise Consulti	ng LLC		2160	8.00	1339.69		
745 Barclay Cir			5 Me	dicare wages and tips	6 Medicare tax withheld		
310			2160	8.00	313.31		
Rochester MI 48307			7 Soc	cial security tips	8 Allocated tips		
Rochester MI 48307			0	.00	0.00		
d Control number			9 Ver	ification code	10 Dependent care benefits		
1046					0.00		
e Employee's first name and initial	Last name	Suff.	C .			for box 12	
Uma Vennapusa					o d e		
1305 LOUISA LANE			13 Statutory employee Patirement sick pay C C C C C C C C C C C C C C C C C C C				
Mechanicsburg PA 17050			14 Oth	er	12c		
					12d C d e		
f Employee's address and ZIP code							
15 State Employer's state ID num	" , ' ,	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
PA	21608.00	663.37					

Wage and Tax Statement

Department of the Treasury-Internal Revenue Service

	a Employee's social security number 813180769	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)			1 Wag	ges, tips, other compensation	2 Federal income tax withheld	
46-1138641			2160	8.00	1609.74	
c Employer's name, address, and	ZIP code		3 Soc	cial security wages	4 Social security tax withheld	
ShoreWise Consulti	ng LLC		2160	8.00	1339.69	
745 Barclay Cir			5 Me	dicare wages and tips	6 Medicare tax withheld	
310			2160	8.00	313.31	
Rochester MI 48307			7 Social security tips		8 Allocated tips	
ROCHESCEI MI 40307			0.00		0.00	
d Control number			9 Ver	ification code	10 Dependent care b	penefits
1046			0.00			
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12	
Uma Vennapusa					o d e	
1305 LOUISA LANE		13 Statu emp	utory Retirement Third-party loyee plan sick pay	12b		
					d e	
Mechanicsburg PA 17050			14 Other		12c	
Mechanicsburg FA 1	7030				d e	
					12d	
					o d e	
f Employee's address and ZIP cod	е					
15 State Employer's state ID num		17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
PA	21608.00	663.37				

Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



 $\begin{tabular}{ll} \textbf{Copy C--For EMPLOYEE'S RECORDS (See $Notice$ to $Employee$ on the back of Copy B.)} \end{tabular}$

	a Employee's social security number						
	813180769	OMB No. 154	1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax with			tax withheld	
46-1138641			2160	8.00	1609.74		
c Employer's name, address, and 2	ZIP code		3 Soc	cial security wages	4 Social security tax withheld		
ShoreWise Consulti	ng LLC		2160	8.00	1339.69		
745 Barclay Cir			5 Me	dicare wages and tips	6 Medicare tax w	6 Medicare tax withheld	
310			2160	8.00	313.31	313.31	
Rochester MI 48307			7 Social security tips		8 Allocated tips		
ROCHESTER MI 46307			0.00		0.00		
d Control number			9 Verification code		10 Dependent care benefits		
1046					0.00		
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a		
Uma Vennapusa					o d e		
1305 LOUISA LANE			13 State emp	utory Retirement Third-party loyee plan sick pay	12b		
					o d e		
Machaniashuma DA 17050			14 Other		12c		
Mechanicsburg PA 1	Mechanicsburg PA 17050				o d e		
					12d		
					d e		
f Employee's address and ZIP code							
15 State Employer's state ID num		17 State incom	ate income tax 18 Local wages, tips, etc.		19 Local income tax	20 Locality name	
PA	21608.00	663.37					

Wage and Tax Statement