FORM W-2 Wage and Tax Statement

Dept. of the Treasury • Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.

If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

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separated by for your tax records. Gen including an	of your W-2 are or perforations. To returns; the blueral instruction explanation of 12 are on the ot	he white copie ue copy is for s for these fo the letter cod	your rms, es									
B. COLUMN TO A MUNICIPAL PROPERTY OF THE PROPE			1		1 WAGES	TIPS, OTHER COMPENSATION	- 1	2 FEDERAL INCO	OME TAX WITHHELD			
D, CONTROL NUMBER	2020	2020 OMB NO. 1545-0008			133507.97			12849.85				
b. EMPLOYER IDENTIFICATION NUMBER to the Internal Revenue Service 2 0 2 0 0 WIB NO. 1: A. EMPLOYEE'S SOCIAL SECURITY					3 SOCIAL	SECURITY WAGES		4 SOCIAL SECURITY TAX WITHHELD				
38-1889682			63-16			135612.97		8408.00				
C. EMPLOYER'S NAME,ADD					5 MEDICA	5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD			
	S CORPORATION &				7 SOCIAL	135612.97			1966.39			
20225 N SCOTT SCOTTSDALE, A		13 Statutory Employee	Retireme Plan		9		10 DEPENDANT CARE BENEFITS					
E.EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SURYA NARAYANA VEMURI 17030 N 49TH ST APT 1038 SCOTTSDALE, AZ 85254						11 NONQUALIFIED PLANS 14 OTHER			D 2105.00 DD 12845.20			
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO. 16 STATE WAGES, TIPS,ETC. 17 STATE INCOMI						18 LOCAL WAGES, TIPS, ETC.	19 LOCA	L INCOME TAX	20 LOCALITY NAME			
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					1 WAGES.	1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD			
D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service			OMB NO. 1545-0008			133507.97			12849.85			
B. EMPLOYER IDENTIFICATION	A. EMPLOYEE'S SOCI	EMPLOYEE'S SOCIAL SECURITY NUMBER			3 SOCIAL SECURITY WAGES			4 SOCIAL SECURITY TAX WITHHELD				
38-1889682 838-63-1642						135612.97			8408.00			
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE						5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD			
REINALT-TH	HOMAS CORPORA	.TION &				135612.97			1966.39			
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	E, AZ 85255						SORRES SOCIALS	10 DEDENDANT O	ADE BENEFITS			
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SURYA NARAYANA VEMURI								DD	12845.20			
17030 N 4	9TH ST				14 OTHER							
APT 1038												
SCOTTSDALE, AZ 85254								13 Statutory Employee	Retirement X Third-Party Plan Sick pay			
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO. 16 STATE WAGES, TIPS,ETC. 17 STATE INCOME:						18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME			
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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

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Dept. of the Treasury - Internal Revenue Service

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D. CONTROL NUMBER	This information is being				1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD				
	to the Internal Revenue Service		OMB NO. 1545-0008		133507.97			12849.85				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER			YNUMBER	3 SOCIAL SECURITY WAGES			4 SOCIAL SECURITY TAX WITHHELD					
38-1889682			838-	838-63-1642			135612.97			8408.00		
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE						5 MEDICA	ARE WAGES AND TIPS		6 MEDICARE TAX WITHHELD			
REINALT-THOMAS CORPORATION &							135612.97		1966.39			
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						9			10 DEPENDANT CAR	RE BENEFITS		
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SCOTTSDALE, AZ 85254								}				
F. EMPLOYEE'S ADDRESS AND ZIPCODE									13 Statutory Employee	Retirement X Third-Party Sick pay		
15 STATE	EMPLOYER'S STAT	E I.D. NO.	16 STATE WAGES, T	IPS,ETC.	17 STATE INCOME	ΓAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL I	INCOME TAX	20 LOCALITY NAME		
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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

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FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER	This information is being f	furnished		10 1515 0000	1 WAGES	, TIPS, OTHER COMPENSATION		2 FEDERAL INCOME TAX WITHHELD		
	to the Internal Revenue S	ervice	OMB NO. 1545-0008		133507.97			12849.85		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3 SOCIAL	SOCIAL SECURITY WAGES 4 SOCIAL SECURITY TAX WITHHELD				
38-1889682	838-6	838-63-1642		135612.97			8408.00			
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE						RE WAGES AND TIPS		6 MEDICARE TAX WITHHELD		
REINALT-THOMAS CORPORATION &						135612.97		1966.39		
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SCOTTSDALE, AZ 85255										
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APT 1038							- 1			
SCOTTSDALE, AZ 85254							-	13 Statutory	Retirement	Third-Party
F. EMPLOYEE'S ADDRESS AND ZIPCODE							[Employee	Retirement X	Sick pay
15 STATE EMPLOYER'S STAT	E I.D. NO.	16 STATE WAGES, TIF	PS,ETC.	17 STATE INCOME T	AX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL I	NCOME TAX	20 LOCALITY N	IAME
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W-2 AND WAGE SUMMARY

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