

FORM W-2 Wage and Tax Statement
Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

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.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service 2020		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 133507.97	2 FEDERAL INCOME TAX WITHHELD 12849.85
B. EMPLOYER IDENTIFICATION NUMBER 38-1889682		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 838-63-1642		3 SOCIAL SECURITY WAGES 135612.97	4 SOCIAL SECURITY TAX WITHHELD 8408.00
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255				5 MEDICARE WAGES AND TIPS 135612.97	6 MEDICARE TAX WITHHELD 1966.39
				7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
				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	12 a-d D 2105.00 DD 12845.20
F. EMPLOYEE'S ADDRESS AND ZIP CODE				14 OTHER	
15 STATE AZ	EMPLOYER'S STATE I.D. NO. 0381889682	16 STATE WAGES, TIPS, ETC. 133507.97	17 STATE INCOME TAX 3517.77	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX
20 LOCALITY NAME					

FOLD AND TEAR ALONG PERFORATION

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13 Statutory Employee Retirement Plan Third-Party Sick pay

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return **2020**
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17030 N 49TH ST APT 1038 SCOTTSDALE, AZ 85254						14 OTHER		12 a-d D 2105.00 DD 12845.20	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13 Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>	
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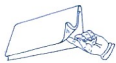
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W-2 AND WAGE SUMMARY

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WITH THIS SIDE UP, SLIDE FINGER BETWEEN FRONT AND MIDDLE PANEL, SLIDE FINGER UP TO OPEN