| Copy B - For Employe | e's Federal Income Tax Ret | urn 2019 OMB No. 1545-0008 | Copy 2 - For Employee's State Income Tax Return [OH] 2019 OMB No. 1545-0008 | | | | | |
|--|---|---|---|---|--|--|--|--|
| a Employee's social security number | 1 Wages, tips, other comp. 2505.78 | 2 Federal income tax withheld 129.71 | security number | 1 Wages, tips, other comp. 2505 - 78 | 2 Federal income tax withheld 129.71 | | | |
| 645-67-4906 b Employer ID number | 3 Social security wages | 4 Social security tax withheld | 645-67-4906 b Employer ID number | 3 Social security wages | 4 Social security tax withheld | | | |
| 35-2079709 | 5 Medicare wages and tips | 6 Medicare tax withheld | | 5 Medicare wages and tips | 6 Medicare tax withheld | | | |
| cEmployer's name, address, a CC Holdings II 2159 Glebe St: Suite 270 Carmel, IN 46 | nc reet | | c Employer's name, address, and ZIP code CC Holdings Inc 2159 Glebe Street Suite 270 Carmel, IN 46032 | | | | | |
| d Control number B5620 6756 | | | d Control number B5620 6756 | | | | | |
| e Employee's name, address, Ramya Katakum 3241 Jefferson Cincinnati, On | n Unit 8 | | e Employee's name, address, and Ramya Katakum 3241 Jefferson Cincinnati, OH | Unit 8 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment | 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment | | | |
| 10 Dependent care benefits | 11 Nonqualified plans | | 10 Dependent care benefits | 11 Nonqualified plans | | | | |
| 12a 13 Statutory | | employee Retirement plan 3rd-party sick pay | 12a | 13 Statutory emp | 13 Statutory employee Retirement plan 3rd-party sick pay | | | |
| 12b 14 Other | | | 12b 12c 12d | 14 Other | 14 Other | | | |
| N/A | N/A | N/A | OH 53-049072 | 2505.78 | 16.40 | | | |
| 15 State Employer's State ID# 18 Local wages, tips, etc. | 16 State wages, tips, etc. 19 Local income tax | 17 State income tax 20 Locality name | 15 State Employer's State ID# 18 Local wages, tips, etc. | 16 State wages, tips, etc. 19 Local income tax | 17 State income tax 20 Locality name | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | | | |
| Form W-2 Wage and Tax Sta | tement | Dept. of the Treasury - IRS | Form W-2 Wage and Tax Staten | nent | Dept. of the Treasury - IRS | | | |

This information is being furnished to the Internal Revenue Service

| Copy C - FOR EMPLOYEE'S RECORDS ONLY 2019 OMB No. 1545-0008 | | | | | | | | | | |
|---|---------|----------------------------|--------------------|--------------------------------|-------------------------------|--------------------|--|--|--|--|
| a Employee's social | 1 Wage | Wages, tips, other comp. | | 2 Federa | 2 Federal income tax withheld | | | | | |
| security number | | 2505.78 | | 129.71 | | | | | | |
| 645-67-4906 | 3 Socia | 3 Social security wages | | 4 Social security tax withheld | | | | | | |
| b Employer ID number | | | | | | | | | | |
| 35-2079709 | 5 Medio | 5 Medicare wages and tips | | 6 Medicare tax withheld | | | | | | |
| - Frankright and a statement | | 4.0 | | | | | | | | |
| c Employer's name, address, and ZIP code | | | | | | | | | | |
| CC Holdings Inc | | | | | | | | | | |
| 2159 Glebe Street | | | | | | | | | | |
| Suite 270 | | | | | | | | | | |
| Carmel, IN 46032 | | | | | | | | | | |
| d Control number | | | | | | | | | | |
| B5620 6756 | | | | | | | | | | |
| e Employee's name, address, and ZIP code | | | | | | | | | | |
| Ramya Katakum | | | | | | | | | | |
| 3241 Jefferson Unit 8 | | | | | | | | | | |
| Cincinnati, OH 45220 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 Social security tips | | 8 Allocated tips | | 9 Adva | 9 Advance EIC payment | | | | | |
| | | | | | | | | | | |
| 10 Dependent care benefits | 11 | 11 Nonqualified plans | | | | | | | | |
| | | | | | | | | | | |
| 12a | | | 13 Statutory emplo | oyee R | etirement plan | 3rd-party sick pay | | | | |
| 12b | | 14 Other | | | | | | | | |
| 12c | | | | | | | | | | |
| | | | | | | | | | | |
| 12d | | | | | | | | | | |
| OH 53-049072 | | | 2505.78 | | 16.40 | | | | | |
| 15 State Employer's State ID# | | 16 State wages, tips, etc. | | 17 St | 17 State income tax | | | | | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Lo | 20 Locality name | | | | | |
| N/A | | N/A | | | N/A | | | | | |
| | | , | | | | | | | | |

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS