



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy C for employee's records. OMB No. 1545-0008

|  |   |                            |                            |
|--|---|----------------------------|----------------------------|
| d Control number<br>029881 LOS2/MU5  | Dept.<br>795100                           | Corp.<br>A                 | Employer use only<br>26164 |
| c Employer's name, address, and ZIP code<br>602-201-54<br>AMAZON COM SERVICES LLC<br>PO BOX 80726<br>SEATTLE WA 98108  |   |                            |                            |
| Batch #01766   |   |                            |                            |
| e/f Employee's name, address, and ZIP code<br>HIMALAY MOHANLAL JORIWAL<br>1616 SUMMIT AVE APT N105<br>SEATTLE WA 98122 |   |                            |                            |
| b Employer's FED ID number<br>82-0544687   | a Employee's SSA number<br>XXX-XX-8935    |                            |                            |
| 1 Wages, tips, other comp.<br>213033.23  | 2 Federal income tax withheld<br>42591.79 |                            |                            |
| 3 Social security wages<br>137700.00   | 4 Social security tax withheld<br>8537.40 |                            |                            |
| 5 Medicare wages and tips<br>221214.66   | 6 Medicare tax withheld<br>3398.54        |                            |                            |
| 7 Social security tips   | 8 Allocated tips                          |                            |                            |
| 9  |   |                            |                            |
| 10 Dependent care benefits   |   |                            |                            |
| 11 Nonqualified plans  |   |                            |                            |
| 12a See instructions for box 12<br>C   163.35  |   |                            |                            |
| 12b D   8181.43  |   |                            |                            |
| 12c W   499.95   |   |                            |                            |
| 12d DD   6966.45   |   |                            |                            |
| 13 Stat emp. Ret. plan 3rd party sick pay<br>X   |   |                            |                            |
| 15 State<br>WA   | Employer's state ID no.                   | 16 State wages, tips, etc. |                            |
| 17 State income tax  |   | 18 Local wages, tips, etc. |                            |
| 19 Local income tax  |   | 20 Locality name           |                            |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                           | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | WA. State Wages, Tips, Etc.<br>Box 16 of W-2 |
|---------------------------|---|---------------------------------------|--------------------------------|--|
| Gross Pay                 | 221,489.31                                      | 221,489.31                            | 221,489.31                     |  |
| Plus GTL (C-Box 12)       | 163.35  | 163.35                                | 163.35                         |  |
| Less 401 (k) (D-Box 12)   | 8,181.43  | N/A                                   | N/A                            |  |
| Less Other Cafe 125       | 438.00  | 438.00                                | 438.00                         |  |
| Wages Over Limit          | N/A   | 83,514.66                             | N/A                            |  |
| <b>Reported W-2 Wages</b> | <b>213,033.23</b>                               | <b>137,700.00</b>                     | <b>221,214.66</b>              |  |

2. Employee Name and Address.

**HIMALAY MOHANLAL JORIWAL**  
**1616 SUMMIT AVE APT N105**  
**SEATTLE WA 98122**

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| 11 Nonqualified plans   |   |                            |                            |
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**W-2 Wage and Tax Statement 2020**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**WA.State Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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