

a Employee's SSN 112-73-8057		b Employer identification number (EIN) 45-4802705			OMB No. 1545-0008	
c Employer's name, address, and ZIP code SAAN INTERNATIONAL LLC 33 WOOD AVE SOUTH SUITE 600 ISELIN NJ 08830		1 Wgs, tips, other compn 7700.00	2 Fed inc tax withheld 950.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Krishna Teja Cherukuri 3010 W YORKSHIRE DR, APT 2070 PHOENIX AZ 85027		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other PER DIE 1000.00 EXPENSE 200.00	12b		
				12c		
				12d		
15 State OH	Employer's state ID number 54 087301	16 State wages, tips, etc 7700.00	17 State income tax 195.54	18 Local wages, tips, etc	19 Local income tax 192.50	20 Locality name OH - Sc

Form **W-2**
Wage and Tax Statement
2020

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employee's SSN 112-73-8057		b Employer identification number (EIN) 45-4802705			OMB No. 1545-0008	
c Employer's name, address, and ZIP code SAAN INTERNATIONAL LLC 33 WOOD AVE SOUTH SUITE 600 ISELIN NJ 08830		1 Wgs, tips, other compn 7700.00	2 Fed inc tax withheld 950.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Krishna Teja Cherukuri 3010 W YORKSHIRE DR, APT 2070 PHOENIX AZ 85027		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other PER DIE 1000.00 EXPENSE 200.00	12b		
				12c		
				12d		
15 State OH	Employer's state ID No. 54 087301	16 State wages, tips, etc 7700.00	17 State income tax 195.54	18 Local wages, tips, etc	19 Local income tax 192.50	20 Locality name OH - Sc

Form **W-2**
Wage and Tax Statement
2020

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 112-73-8057		b Employer identification number (EIN) 45-4802705			OMB No. 1545-0008			
c Employer's name, address, and ZIP code SAAN INTERNATIONAL LLC 33 WOOD AVE SOUTH SUITE 600 ISELIN NJ 08830		This information is being furnished to the IRS. 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.						
		1 Wgs, tips, other compn 7700.00	2 Fed inc tax withheld 950.00	3 Social security wages				
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld				
d Control No.		7 Social security tips	8 Allocated tips	9				
e Employee's name, address, and ZIP code Krishna Teja Cherukuri 3010 W YORKSHIRE DR, APT 2070 PHOENIX AZ 85027		10 Depdnt care benefits	11 Nonqualified plans	12a				
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other PER DIE 1000.00 EXPENSE 200.00	12b		
						12c		
12d								
15 State OH	Employer's state ID No. 54 087301	16 State wages, tips, etc 7700.00	17 State income tax 195.54	18 Local wages, tips, etc	19 Local income tax 192.50	20 Locality name OH - Sc		

Form **W-2**
Wage and Tax Statement
2020

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)