| Form W-2 Wage and Tax Statement | 2020 | 7 Social security tips | | , tips, other compensation 85151.94 | | 2 Federal income tax withheld 13690.04 | |
|---|--|--|--|-------------------------------------|-------------------------|--|--|
| c Employer's name, address, and ZIP code INSURANCE SERVICES OFFICE, INC | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| 545 WASHINGTON BOULEVARD | | 9 | 5 Medicare wages and | tips | 6 Medicare tax withheld | | |
| JERSEY CITY NJ 07310 | | 10 Dependent care benefits | 11 Nonqualified plans | 11 Nonqualified plans | | 12a See instructions for box 12 C 21.36 | |
| e Employee's name, address, and ZIP code SIVA SHASHANK CHINTAPENTA 107 WAVERLY ST | | 13 Statutory employee Patiement plan Third- sick p b Employer identification number 13-3131412 a Employee's social security number | r (EIN) Medical 2 Vision | Medical 2185.20 | | 7863.12 | |
| JERSEY CITY NJ 07306 | | 357-79-4155 | | | C de | | |
| 15 Employer's state ID number NJ 1331314120000 | 16 State wages, tips, etc. 87514.50 | 17 State income tax 3738.29 | 18 Local wages, tips, etc. | 19 Local in | come tax 139.99 | 20 Locality name | |
| Copy B-To Be Filed With Employee's FED | ERAL Tax Return | This information is being furnished to | o the Internal Revenue Service. OMB No. 1545-0008 | | | e Treasury - IRS bsite at www.irs.gov/efile | |

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 | | | | | | | |
|--|--|---|-------------------------------|--------------------|---------------------------------|-------------------------|--|
| | | 7 Social security tips | 1 Wages, tips, other compe | ensation 2 Fe | 2 Federal income tax withheld | | |
| Form W-2 Wage and Tax Statement | 2020 | | 851 | 51.94 | 13690.04 | | |
| c Employer's name, address, and ZIP code INSURANCE SERVICES OFFICE | , INC | 8 Allocated tips | 3 Social security wages | 4 So | 4 Social security tax withheld | | |
| 545 WASHINGTON BOULEVARD | | 9 | 5 Medicare wages and tips | 6 M | 6 Medicare tax withheld | | |
| JERSEY CITY NJ 07310 | | 10 Dependent care benefits | 11 Nonqualified plans | 12a | 12a See instructions for box 12 | | |
| | | | | C C | | 21.36 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third-pa plan sick pay | rty 14 Other | _12b | 1 | | |
| SIVA SHASHANK CHINTAPENTA | | | Medical 218 | 5.20 D | D | 7863.12 | |
| SIVE SHASHANG CHINTEFENTE | | b Employer identification number (| EIN) Vision 72 | .48 (12c | 1 | | |
| 107 WAVERLY ST | | 13-3131412 | VISION 72 | .40 | | | |
| JERSEY CITY NJ 07306 | | a Employee's social security numb | byee's social security number | | 1 | | |
| | | 357-79-4155 | | ode | | | |
| 45 Otata Evaluaria stata ID sussian | 10 Ohata ana tina ata | | 10 Level | 10 1 | | | |
| 15 Employer's state ID number NJ 133131412000 | 16 State wages, tips, etc. 87514.50 | 17 State income tax 3738.29 | 18 Local wages, tips, etc. | 19 Local income ta | 139.99 | 20 Locality name FLI | |
| Copy C-For EMPLOYEE'S RECORDS (See | e Notice to Employee on t | he back of Copy B.) | OMB No. 1545-0008 | D | ept. of the | Treasury - IRS | |

| Dept. | 01 | une | nea | isui | у- | inə | |
|-----------|-----|------|--------|------|-------|------------|----|
| Visit the | IRS | webs | site a | t ww | w.irs | .gov/efile | ٩. |

| Form W-2 Wage and Tax Statement | 2020 | 7 Social security tips | | 1 Wages, tips, other compensation 85151.94 | | 2 Federal income tax withheld 13690.04 | |
|---|------------------------------------|---|------------------------------|---|--------------------|---|--|
| c Employer's name, address, and ZIP code INSURANCE SERVICES OFFICE, IN | | 8 Allocated tips | 3 Social security wages | | | 4 Social security tax withheld | |
| 545 WASHINGTON BOULEVARD | | 9 | 5 Medicare wages and tip | S | 6 Medicare tax wi | thheld | |
| JERSEY CITY NJ 07310 | | 10 Dependent care benefits | 11 Nonqualified plans | 11 Nonqualified plans | | 21.36 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third- employee plan sick pa | | 5.20 | 12b ີ DD | 7863.12 | |
| SIVA SHASHANK CHINTAPENTA 107 WAVERLY ST JERSEY CITY NJ 07306 | | b Employer identification number 13-3131412 | r (EIN) | 2.48 | 12c | | |
| | | a Employee's social security nun 357-79-4155 | nber | | | | |
| 15 State Employer's state ID number 16 St NJ 133131412000 1 </td <td>tate wages, tips, etc. 87514.50</td> <td>17 State income tax 3738.29</td> <td>18 Local wages, tips, etc.</td> <td>19 Local inc</td> <td>come tax 139.99</td> <td>20 Locality name FLI</td> | tate wages, tips, etc. 87514.50 | 17 State income tax 3738.29 | 18 Local wages, tips, etc. | 19 Local inc | come tax 139.99 | 20 Locality name FLI | |
| | | | | | | | |

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

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| Form W-2 Wage and Tax Statement | 7 Social security tips | 1 Wages, tips, other comp 85 | | | tax withheld 13690.04 | | |
|---|---|---|----------------------------|-----------------------|--------------------------------|-------------------------|--|
| c Employer's name, address, and ZIP code INSURANCE SERVICES OFFICE | , INC | 8 Allocated tips | 3 Social security wages | | 4 Social security tax withheld | | |
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| JERSEY CITY NJ 07310 | | 10 Dependent care benefits | 11 Nonqualified plans | 11 Nonqualified plans | | 21.36 | |
| e Employee's name, address, and ZIP code SIVA SHASHANK CHINTAPENTA | | 13 Statutory Petirement Third-pa plan sick pay b Employer identification number | (EIN) Medical 218 | 5.20 | 12b ទី DD 12c | 7863.12 | |
| 107 WAVERLY ST JERSEY CITY NJ 07306 | | 13-3131412 a Employee's social security number 357-79-4155 | | Vision 72.48 | | 12d | |
| 15 Employer's state ID number NJ 133131412000 | 16 State wages, tips, etc. 87514.50 | 17 State income tax 3738.29 | 18 Local wages, tips, etc. | 19 Local in | L come tax 139.99 | 20 Locality name FLI | |

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