Copy B - For Employee's Federal Income Tax Return 2020 OMB No. 1545-0008							
a Employee's social security number	1 Wages, tips, other 7.4	comp. 277.39	2 Federa	2 Federal income tax withheld 10329.15			
814-80-3740 b Employer ID number	3 Social security was	ial security wages 22057.02 dicare wages and tips 22057.02		4 Social security tax withheld 1367.53 6 Medicare tax withheld 319.80			
45-0583822	5 Medicare wages a						
UWorld, LLC 9111 Cypress V Suite 300 Dallas, TX 750  Control number 31494 430 Employee's name, address, a Mounica Sampa: 3220 Scotch C: 201 COPPELL, TX 75	019 and ZIP code ra reek Rd						
Social security tips	8 Allocated tips 9 /		9 Adv	9 Advance EIC payment			
0 Dependent care benefits	11 Nonqualified	fied plans					
2a C	90.00			yee Retirement plan 3rd-party sick pay X			
D D DD	3000.75 14 Other 6464.45						
12d	1	1					
N/A		N/A		N/A			
15 State Employer's State ID# 16 State w 18 Local wages, tips, etc. 19 Local in		3,		State income tax Locality name			
N/A		N/A		N/A			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy 2 - For E	Employee's S	tate Income	Tax Return	[TX]	2020	OMB No. 1545-0008	
a Employee's socia security number	1 1 V	ages, tips, other 7 4	comp. 277.39	2 Federal i	income tax withh	eld 29.15	
	814-80-3740 3 Soil		cial security wages 22057.02		4 Social security tax withheld 1367.53		
45-05838	22 5 M	ledicare wages a	and tips 057.02	6 Medicare tax withheld		19.80	
Suite 30 Dallas, d Control number 31494 43 e Employee's name Mounica	ress Wat 0 TX 75019	P code	1.				
201 COPPELL,	TX 7501	9					
7 Social security tips 8		8 Allocated tips	Allocated tips		nce EIC payment		
10 Dependent care	benefits	11 Nonqualifie	d plans				
<sup>12a</sup> C		90.00	13 Statutory empl	13 Statutory employee Retirement plan 3rd-		rd-party sick pay	
12b D	3	000.75	14 Other				
12c DD	6	464.45	_				
TX NOT	NEEDED		74277.39				
15 State Employer's State ID#			16 State wages, tips, etc.		te income tax		
18 Local wages, tips, etc. N/A			19 Local income tax N/A		20 Locality name N/A		

Form W-2 Wage and Tax Statement

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Copy C - FOR EMPLOYEE'S RECORDS ONLY 2020 OMB No. 1545-0008								
security number			74277.39		2 Federal income tax withheld 10329.15			
		3 Socia	• •		4 Social	4 Social security tax withheld		
b Employer ID number			22057.02		1367.53			
45-0583822 5N		5 Medic	ledicare wages and tips 22057.02		6 Medic	6 Medicare tax withheld 319.80		
Suite 3	LLC press W	ater		•				
d Control number 31494	er 430							
e Employee's name, address, and ZIP code  Mounica Sampara  3220 Scotch Creek Rd  201  COPPELL, TX 75019								
7 Social security	tips	8 <i>F</i>	Allocated tips	ocated tips		9 Advance EIC payment		
10 Dependent c	are benefits	11	Nonqualified	plans				
12a C		9	00.00	13 Statutory empl	loyee F	Retirement plan 3	Brd-party sick pay	
12b		3000.75 14 Other						
12c DD		6464.45						
12d								
TX NOT	' NEEDED			74277.39				
15 State Employer's State ID#			16 State wages, tips, etc.		   17 S	17 State income tax		
18 Local wages, tips, etc.			19 Local income tax		20 L	20 Locality name		
N/A			N/A			N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS