Copy B To Be Filed with Employee's FEDERAL Tax Return. 2020 OMB No. 1545-0008 OMB No. 1545-0008						Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020 OMB No. 1545-0008							
a Employee's SSN			2 Federal income tax withheld		a Employee's SSN 1 W			Wages, tips, other comp.			2 Federal income tax withheld		
290-33-8592			32694.46			515.00		, 33-8592			32694.46		5615.00
290-33-0392	3 Soci	al security	wages 32694.46	4 Social	security tax wit	thheld 027.06	290-	55-0592	3 Soci	ial security	wages 32694.46		security tax withheld 2027.06
b Employer ID no. (EIN)	5 Med			6 Medic	are tax withheld		b Emplo	yer ID no. (EIN)	5 Med	licare ware			are tax withheld
27-0359636 5 Medicare wages and tips 32694.46 6 M			• Medica		174.07	27-0	27-0359636 5 Medicare wages and tips 32694.46						
c Employer's name, address, and ZIP code MAANTIC INC							c Employer's name, address, and ZIP code MAANTIC INC						
1202 KIFER RD					1202 KIFER RD								
SUNNYVALE CA 94086						SUNNYVALE C					CA	94086	
d Control number							d Control number						
e Employee's name, address, and ZIP code Suff. HARI KUMAR DODLA 14150 SANCTUARY COVE LANE, APT#205, ORLANDO FL 32832						e Employee's name, address, and ZIP code Suff. HARI KUMAR DODLA 14150 SANCTUARY COVE LANE, APT#205, ORLANDO FL 32832							
7 Social security tips 8 Allocated tips		9	9		7 Social security tips			8 Allocated tips		9			
10 Dependent care benefits 11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		efits	s 11 Nonqualified plans		12a Code See inst. for box 12			
13			12b C	12b Code				14 Ot	Other		12b C	ode	
Statutory employee					Statutory employee				12c Code				
telirement Plan					Retirement Plan					12C C	ode		
		12d C	12d Code						12d Code				
Third-party sick pay							Third-part	/ sick pay					
15 State Employer's s	tate ID r	umber	16 State wages, tij	os, etc.	17 State inco	me tax	15 State	Employer's sta	ate ID nur	mber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc	C.	19 Local ir	ncome tax	20 Loc	ality name		18 Local	wages, tips, e	tc.	19 Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent le Internal Re	venue Service.		Dept. of the T	reasury - IRS	Form W	2 Wage and T	ax Stater	ment		1	Dept. of the Treasury - IRS

penalty or other sanction m	<i>y</i>	5			2020					
(See Notice to					OMB No. 1545-0008					
a Employee's SSN	1 Wag	jes, tips, oth	ner comp.	2 Federal income tax withheld						
			32694.46	5615.00						
290-33-8592	3 Soci	al security	wages	4 Social security tax withheld						
b Employer ID no. (EIN)			32694.46	2027.06						
		icare wage	s and tips	6 Medicare tax withheld						
27-0359636			32694.46	474.07						
c Employer's name, MAANTIC	address, a ENC	and ZIP cod	le							
1202 KII	FER F	2D								
SUNNYVALI	SUNNYVALE CA 94086									
d Control number				-						
HARI KUMA	IIC DC									
14150 SAN ORLANDO	ICTUA	ARY CC	OVE LANE,		PT#205, L 32832					
	ICTUA	ARY CC								
ORLANDO 7 Social security tips		8 Allocate		F 9						
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ORLANDO 7 Social security tips 10 Dependent care be	nefits	8 Allocate	, ed tips	F 9 12 12	TL 32832 Pa Code See inst. for box 12 Pb Code					
ORLANDO 7 Social security tips 10 Dependent care be 13 Statutory employee	nefits	8 Allocate	, ed tips	F 9 12 12	L 32832 2a Code See inst. for box 12					
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ORLANDO 7 Social security tips 10 Dependent care be	nefits	8 Allocate	, ed tips	F 9 12 12 12	TL 32832 2a Code See inst. for box 12 2b Code 2c Code					
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10 Dependent care bene	fits	11 Nonqua	lified plans	12a Code See inst. for box 12						
13	14 Ot	her		12	12b Code					
Statutory employee										
Retirement Plan				12	12c Code					
Third-party sick pay				1:	12d Code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax										
18 Local wages, tips, etc	.	19 Local income tax			20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS										