

<b>b Employer's Identification number</b>		82-4572697		<b>12a See instructions for Box 12</b>	<b>1 Wages, tips, other compensation</b>	<b>2 Federal income tax withheld</b>							
<b>c Employer's name, address, and ZIP code</b>		MEDITECHSAFE INC 8384 SEA MIST CT WEST CHESTER OH 45069		\$	17040.00	1065.83							
<b>e Employee's first name and initial</b>		<b>Last name</b>		<b>12b</b>	<b>3 Social security wages</b>	<b>4 Social security tax withheld</b>							
MANITEJ ANKAM		9654605		\$									
6421 KINGSLEY CT		LIBERTY TOWNSHIP OH 45011		<b>12c</b>	<b>5 Medicare wages and tips</b>	<b>6 Medicare tax withheld</b>							
<b>f Employee's address and ZIP code</b>		OH 54-091782		\$									
<b>15 State</b>		<b>Employer's state I.D. No.</b>		<b>12d</b>	<b>7 Social security tips</b>	<b>8 Allocated tips</b>							
OH		54-091782		\$									
<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		This information is being furnished to the Internal Revenue Service									
17040.00		346.92		<b>Copy B To Be Filed with Employee's FEDERAL Tax Return</b>									
<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>		<b>a Employee's soc. sec. no</b>									
				809-34-1925									
<b>20 Locality name</b>				<b>11 Nonqualified plans</b>									
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service				OMB # 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return							

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