h Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Enderel income tax withhold
b Employer's Identification number c Employer's name, address, and ZIP code	\$	17040.00	1065.83
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1.22112010112 1110	\$		
8384 SEA MIST CT	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$ 12d	7 Social security tips	8 Allocated tips
WEST CHESTER OH 45069	I\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
9654605	Internal Revenue Service	11 Nonqualified plans	_13 Statutory Retirement Third-party employee plan sick pay
MANITEJ ANKAM	Copy B To Be Filed with		employee plan sick pay
6421 KINGSLEY CT	Employee's FEDERAL	14 Other	
	Tax Return		
LIBERTY TOWNSHIP OH 45011	a Employee's soc. sec. no	1	
f Employee's address and ZIP code	809-34-1925		
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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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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
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b Employer's Identification number c Employer's name, address, and ZIP code 82-4572697	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Department
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